

APPENDICES

- Appendix 1: Itinerary, Interviewees and Photos of the In-Country Survey
- Appendix 2: Questionnaire Template
- Appendix 3: Summary of the Survey Results
- Appendix 4: Records of Invitation Programs

Appendix 1:
Itinerary, Interviewees and Photos of the In-Country Survey

Brunei Darussalam

- Period: February 2 - 4, 2015

- Survey Members :

Thai C/P	Porntip Wachiradilok (NIEM), Torpong Krongtrivate (Emergency Physician, NIEM)
Viet Nam C/P	Le Cong Sinh (Ministry of Health), Thi Thuy Hang Nguyen (Ministry of Health)
JICA Advisory Committee	Yosuke Takada
Consultant Team	Keiko Nagai, Toshiaki Hosoda, Yasushi Nakajima

- Itinerary :

2/ 2 (Mon)	Arrival
2/ 3 (Tue)	9:00 Emergency Department and Emergency Medical Ambulance Service, RIPAS Hospital
	14:30 National Disaster Management Center (NDMC), Ministry of Home Affairs
2/ 4 (Wed)	9:10 Ministry of Health

- Interviewees :

Emergency Department and Emergency Medical Ambulance Service, RIPAS Hospital

Norazlina Hj Abd Rahman	Acting Specialist Chief Nurse, Emergency Department
Chiang Mei Mei	Paramedic/Emergency Nurse
Hjh. Nora Hj. Mohd Yusof	Head of Emergency Medical Ambulance Services
Naedawati Morsidi	International Affairs Division, Department of Policy and Planning
Anh Swee Hui	Medical Superintendent, RIPAS Hospital
Dr Hj Lailawati Binti Hj Jumat	Director of Hospital Services
Dr Hj Zulaidi Bin Hj Abd Latif	Director General of Medical Service

National Disaster Management Center (NDMC), Ministry of Home Affairs

Abdul Rahim Ismail	Acting Assistant Director
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■ Photos :



Ambulance



Disaster response kit



EMT Trainees



Ambulance Boat



RIPAS Hospital Emergency Department
Resuscitation Room



National Disaster Management Center (NDMC)

Cambodia

■ **Period :**

- 1) March 2 - 4, 2015
- 2) March 9 - 10, 2015

■ **1) Members :**

Thai C/P	Chonkant Singpayuk (NIEM) Prakit Sarathep (Emergency Physician, NIEM)
Viet Nam C/P	Nguyen Nhu Lam (National Institute of Burns), Pham Quang Huy (Ministry of Health)
JICA Advisory Committee	Tatsuro Kai, Tomoki Natsukawa
Consultant Team	Keiko Nagai, Junko Yamada

2) Member :

Consultant Team	Toshiaki Hosoda
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■ **Itinerary :**

3/2 (Mon)	8:50	Disaster Management and Environmental Health Bureau, Preventative Medicine Department, Ministry of Health
	10:30	ASEAN Bureau, Department of International Cooperation (DIC), Ministry of Health
	14:00	Secretariat of National Counter Terrorism Committee (SNCTC)
	16:00	Brigade 70, Rapid Rescue Company (RCC) 711
3/3 (Tue)	9:00	Calmette Hospital
	14:30	Ministry of Social Affairs, Veterans and Youth Rehabilitation(MOSVY)
3/4 (Wed)	9:00	WHO Cambodia

3/9 (Mon)	9:00	National Center for Disaster Management (NCDM) Head office
3/10 (Tue)	9:00	Ministry of Posts and Telecommunications (MPTC) Head office
	14:00	Cambodian Red Cross (CRC) Head office
	17:00	Royal Cambodian Gendarmerie Head office

■ **Interviewees :**

Disaster Management and Environmental Health Bureau, Preventative Medicine Department, Ministry of Health

Ean Sokoe	Chief
Chin Art	Officer

ASEAN Bureau, Department of International Cooperation (DIC), Ministry of Health

Kong Narith	Chief
Chheng Kannarath	Deputy Secretary General, Medical Council of Cambodia/ Deputy Chief of Technical Bureau, National Institute of Public Health
Bun Kompheak Jeudi	Officer
Theme Viravann	DD

Secretariat of National Counter Terrorism Committee (SNCTC)

Ung Eang	Under Secretary of State, Member of SNCTC
Sor Serey Vicheth	Director of Department of Infrastructure and Protection
Ngaem Sodaila	Director of Department of Administration
Pei Chanvirak	Director of Department of IT
Peng Kong	Director of Department of Intelligence
Chan Piseth	Deputy director
Soun Menghong	Deputy chief of Bureau

Brigade 70, Rapid Rescue Company (RCC) 711

Soy Narith	Major General, Deputy Commander of 70 th Brigade in charge of training
Rith Sovannarith	General 2 stars, Brigade 70

Calmette Hospital

Kong Sanya	Deputy General Director
Koy Vanny	Deputy Director of Technical Bureau
Chhor Nareth	Chief of Emergency Ward

Ministry of Social Affairs, Veterans and Youth Rehabilitation (MOSVY)

Chay Vanna	Under Secretary of State
Toch Channy	Director General of Technical Affairs
Ly Leng Monykeo	Director of Social Welfare Department
Mey Yoeun	Deputy Director of Social Welfare Department
San Polin	Deputy Director of Social Welfare Department

WHO Cambodia

Reiko Tsuyuoka	Team Leader, Emerging Disease Surveillance & Response
Sam Ath Khim	Technical Officer, Non-Communicable Diseases (NCD)

National Center for Disaster Management (NCDM) Head office

Ponn Narith	Secretary General
Ma Norhith	Deputy Secretary General

Ministry of Posts and Telecommunications (MPTC) Head office

Khay Khun Heng	Secretary of State of MPTC
Ky Leng	Deputy Director General
Chhy Sokha	Deputy Director General ICT
Nop Savoeun Deputy Director	Deputy Director
Sambath Narith	Deputy head of Unit

Cambodian Red Cross (CRC) Head office

Uy Sam Ath	Secretary of State
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Royal Cambodian Gendarmerie Head office

Brig.Gen. Chanta Tat	Royal Cambodian Gendarmerie
Lt. Col. Koun Lak	

■ Photos :



B70-RRC711 Demonstration



B70-RRC711 Ambulance



Interview with Ministry of Health



Cambodian Red Cross (CRC) Head office



Calmette Hospital



Call Center in Calmette Hospital

Indonesia

- Period : January 19 - 23, 2015

- Survey Members :

Thai C/P	Suwapat Apinyanont (NIEM), Torpong Krongtrivate (Emergency Physician, NIEM)
JICA Advisory Committee	Tomoki Natsukawa, Eiko Yamada
Consultant Team	Keiko Nagai, Toshiaki Hosoda, Yasushi Nakajima

- Itinerary :

1/ 19 (Mon)	9:00 ASEAN Humanitarian Aid Center (AHA Centre) 14:15 Ministry of Health
1/ 20 (Tue)	9:30 ASEAN Secretariat (ASEC), Socio-Cultural Community Department, Socio-Cultural Cooperation Directorate 14:20 Health and Communicable Disease Division of ASEAN Secretariat 17:00 JICA Indonesia Office
1/ 21 (Wed)	10:00 Center for Volcanology and Geological Hazard Mitigation (CVGHM) 10:45 Saiful Anwar General Hospital and Faculty of Medicine, Brawijaya University, Malang 15:00 Center For Disaster Mitigation (CCMD), School of Architecture, Planning and Policy Development, Institute of Technology in Bandung
1/ 22 (Thu)	9:00 Logistic and equipment Department, BNPB 13:40 Palang Merah Indonesia (PMI) (Indonesia Red Cross)
1/ 23 (Fri)	10:00 Embassy of Japan in Jakarta 13:00 Emergency Response Department, BNPB 14:00 WHO Collaborating Center (in PPKK office)

- Interviewees :

ASEAN Humanitarian Aid Center (AHA Centre)

Andy Mustafa	Disaster Monitoring and Analysis Officer
Augustina Trunay (Rina)	Preparedness and Response Officer (Logistics)
Arnel C. Capili	Head of Operations
Said Faisal	Executive Director

Ministry of Health

Achmad Yurianto	Head of Center for Health Crisis Management (PPKK)
Indro Murwoko	Head of Emergency Responses and Recovery Division, PPKK
Lita R. Sianipar	Head of Monitoring and Information Division, PPKK
Yuniati S. Sos	Head of Prevention and Mitigation Sub-division
Hadijah Pandita	Head of Information Sub-division
Albert Christanto	S Farm. Apt, Directorate of (pharmaceutical affairs)
Jaya Supriyanto	PPKK
Zulkarnain Gaffa	PPKK
Ika Hariyani	Basic Health Service Department, Health Service Bureau
Diana Faiduh	Basic Health Service Department, Health Service Bureau
Ira Melati	Manager for Hospital Services
Fitria Kusma Ratih	Legal Sub-division, Human Resource Development Agency (BPPSDM)
Sera Ardini	Legal Sub-division, BPPSDM

ASEAN Secretariat (ASEC), Socio-Cultural Community Department, Socio-Cultural Cooperation

Directorate

Adelina Kamal	Head of Disaster Management and Humanitarian Assistance Division
Neli	Officer, Disaster Management and Humanitarian Assistance Division

ASEAN Secretariat (ASEC), Health and Communicable Disease Division

Ferdinal M. Fernando	Assistant Director/ Head of the Health and Communicable Diseases Division (HCDD), ASEAN Socio-Cultural Community Department
Jintana	Senior Officer

Center for Volcanology and Geological Hazard Mitigation (CVGHM)

Sofyan Primulyans	Deputy head, Volcanic Section
Imam Santosa	Volcanic Section
Hilma Alfanti	Officer, Volcanic Section

Saiful Anwar General Hospital and Faculty of Medicine, Brawijaya University, Malang

Ari Prasetyadijati	Emergency Medicine Specialist Head
M. Rasjad Indra	Vice Dean of Administration and Finance Affairs, Faculty of Medicine, Brawijaya University
Surya	Emergency Physician
Aurick	Emergency Physician
Alfrina Hany	Lecturer of Nursing Department, Brawijaya University
Yundy Imowanto	Physician
Didik Subagio	Nurse
Sutiyono	Nurse

Center for Disaster Mitigation (CCMD), School of Architecture, Planning and Policy Development, Institute of Technology in Bandung

Harkunti Pertiwi Rahayu	Lecturer
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Logistic and Equipment Department, BNPB

Sunardi	Deputy Head
Sinta	Officer
Ayu Setiadewi	Officer
Badrun	Officer

Emergency Response Department, BNPB

Merina Sofiati	Officer
Pewriawan CP	Officer
Dyah Rusmiasih	BNBP

Palang Merah Indonesia (PMI) (Indonesia Red Cross)

Teguh Wibowo	Disaster Management (DM)
Muotahiddin	DM
Rafia Anshori	Disaster Preparedness Sub Division
Ridawan S Carman	DM
Manfut	Health in Emergency, Health Division
Eka Wulan Cahyasari	Head of Public Health Subdivision, Health Division
Wasfuri	Head of Command Post (POSKO)
Arifin MH	Head of DM

WHO Collaborating Center (in PPKK office)

Gde Yullian Yogadhita	Emergency Field Program Officer and Injury Prevention
Hartiah Haroen	HRH/ Nursing – Midwifery

■ Photos :



ASEAN Humanitarian Aid Center (AHA Centre)



PPKK Operation Room



WHO Collaboration Center



Emergency and Disaster Ambulance, Brawijaya University, Malang



IST in Saiful Anwar General Hospital



Saiful Anwar General Hospital Ambulance



Saiful Anwar General Hospital ER



Palang Merah Indonesia (PMI) (Indonesia Red Cross)

Lao PDR

- Period : March 5 - 6, 2015

- Members :

Thai C/P	Chonnkant Singpayuk (NIEM) Prakit Sarathep (Emergency Physician, NIEM)
Viet Nam C/P	Nguyen Nhu Lam (National Institute of Burns), Pham Quang Huy (Ministry of Health)
JICA Advisory Committee	Tatsuro Kai, Tomoki Natsukawa
Consultant Team	Keiko Nagai, Junko Yamada

- Itinerary :

3/5 (Thu)	9:00	Department of Health Care, Ministry of Health
	13:30	WHO Laos
	15:00	Lao Red Cross
3/6 (Fri)	9:00	Mittaphab Hospital
	11:00	University of Health Science

* Hosoda (Disaster Analysis), JICA Survey Team, had interview with Department of Disaster Management and Climate Change (DMCC) in Sendai, Japan on 12th March.

- Interviewees :

Department of Health Care, Ministry of Health

Phisith Phoutsavath	Deputy Director General
Lavanh Vongsavanthong	Deputy Director of Division
Vangnakhone Dittaphong	Head of Emergency Department, Mittaphab Hospital

WHO Laos

Phetdavanh Leuangvilay	National Professional Officer, Emerging Diseases Surveillance and Response (ESR)
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Lao Red Cross

Thongphachanh Sonnasinh	Vice President
Kaviphone Southy	Head of Disaster Management
Bounma Xayasouk	Head of Health Promotion Department
Phonedavanh Sanbounleuxay	International Relations Coordinator
Bounyoung Phoumachae	Deputy Head of Disaster Management
Khoukom Vorachith	Deputy Head of Disaster Management
Khammy Chansamon	Deputy Head of Administration and Planning
Thippaphone Chanthonesy	Staff
Vilaysaeu Boudsaba	Staff

Mittaphab Hospital

Phouthone Muongpak	Director General
Snong Thongsna	Deputy Director
Vangnakhone Dittaphong	Head of Emergency Department
Inpeng Vongsa	Finance
Kong Khom Bandovong	Logistics
Vanh Pheng Phanthala	Personal
Bouangeune Sisavath	Head of Orthopedics

University of Health Science

Alongkone Phengsavanh
Khamsay Detleuxay

Vice Dean
Deputy Head of ICU, Mahosot Hospital

**Department of Disaster Management and Climate Change (DMCC), Ministry of Natural Resources
and Environment (MONRE)**

Kaisorn Thanthathep Deputy Director General

■ Photos :



Interview with Ministry of Health



Lao Red Cross



Mittaphab Hospital



Call Center in Mittaphab Hospital



Ambulance in Mittaphab Hospital



University of Health Sciences

Malaysia

- Period : January 1 – 26, 2015

- Survey Members :

Thai C/P	Teera Sirisamutr (NIEM), Torpong Krongtrivate (Emergency Physician, NIEM)
Viet Nam C/P	Thi Thuy Hang Nguyen (Ministry of Health), Thi Tra Giang Tran (Ministry of Health)
JICA Advisory Committee	Satoshi Yamanouchi, Eiko Yamada
Consultant Team	Keiko Nagai, Toshiaki Hosoda, Yasushi Nakajima

- Itinerary :

1 /26 (Mon)	09:15 11:30	Ministry of Health Malaysia Serdang Hospital
1/27 (Tue)	09:00	Department of Emergency Medicine, Universiti Kebangsaan Malaysia Medical Centre
1/28 (Wed)	08:30 14:00	JICA Malaysia office Disaster Management Division, National Security Council

- Interviewees :

Ministry of Health

Headquarters

Sabariah Faizah Jamaluddin	National Advisor on Emergency and Trauma Services MOH, Senior Consultant and Head, Emergency and Trauma Dept., Sungai Buloh Hospital
Nor Akmal Yusuf	Director, Medical Development Division
Zaim St. Husin	Senior Principal Assistant Director, Medical Development Division
Rachel Koshy	Senior Principal Assistant Director, Family Health Division
Norhayati Rusu	Surveillance Division
Kasudai Hussinn	Senior Principal Assistant Director, Surgical & Emergency Services Unit, Medical Service Development Section, Medical Development Division
Mohamed Yazid Kuman	Senior Principal Assistant Director, Engineering Division
Mohamed Hasim B. Mat Adam	Communication
Hjh, Maznieda Bt. Hj. Mahjom	Senior Principal Assistant Director, Surveillance Section, Disease Control Division

Serdang Hospital

Rosidah Ibrahim	Head of Department, Emergency Department
Ahmad Waziruddin	Assistant Medical Officer, Emergency Unit
N. Maziutah	Emergency Unit
Nur Ana Najirah	Emergency Unit
Mohad Faiz Johni	Emergency Unit

Malaysia National University

Ismail Mohd Saiboon	Professor, Senior Consultant in Emergency Medicine, and Head of Department in Universiti Kebangsaan Malaysia (UKM)
Mohamed Jhon Jaafa	Lecturer, UKM

Serdang Hospital

Rosidah Ibrahim	Head of Department, Emergency Department
Ahmad Waziruddin	Assisrant Medical Officer, Emergency Unit
N. Maziutah	Emergency Unit
Nur Ana Najirah	Emergency Unit
Mohad Faiz Johni	Emergency Unit

Department of Emergency Medicine, Universiti Kebangsaan Malaysia Medical Centre

Ismail Mohd Saiboon	Professor, Senior Consultant in Emergency Medicine, and Head of Department
Shalimar Abdullah	Professor/ Executive Council Member of Mercy Malaysia
Sharifa Ezat Bt. Wan Puteh	Professor in Hospital and Health Management
Kamal	Head of Pre-hospital Department
Husyairi	Research Coordinator
Mohamed Jhon Jaafa	Lecturer, Head of Industry and Community Relation
Zuraidah Che' Man	Deputy Coordinator, Research Unit
Tan Toh Leong	Lecturer and Emergency Physician

■ Photos :



Crisis Preparedness and Response Centre (CPRC)



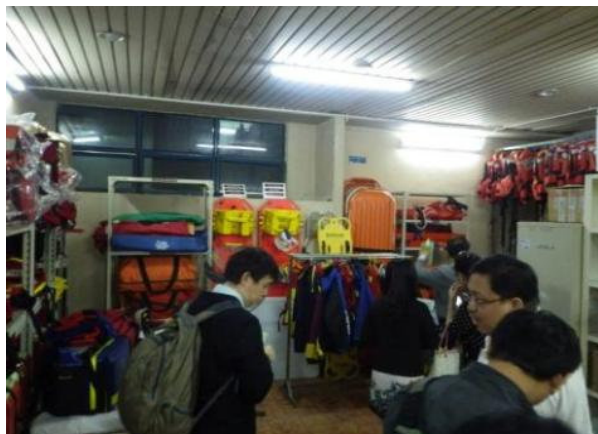
Medical Emergency Coordinating Centre Services (MECCS)



Serdang Hospital Ambulance



Serdang Hospital inside the ambulance



NUM Emergency store yard



Training for Medical Students

Myanmar

- Period : February 9 - 13, 2015

- Members :

Thai C/P	Ura Suwannaruk (NIEM), Torpong Krongtrivate (Emergency Physician, NIEM)
JICA Advisory Committee	Tatsuro Kai, Tomoki Natsukawa, Eiko Yamada
Consultant Team	Keiko Nagai, Toshiaki Hosoda, Junko Yamada

- Itinerary :

2/9 (Mon)	9:20	1000 Bedded General Hospital, Nay Pyi Taw
	9:30	Relief and Resettlement Department (RRD), Ministry of Social Welfare, Relief and Resettlement
	12:30	Fire Service Department, Ministry of Home Affairs
	15:00	Department of Meteorology and Hydrology, Ministry of Transport
2/10 (Tue)	10:00	Department of Meteorology and Hydrology, Lower Myanmar Branch, Ministry of Transport
	14:15	Central Epidemiology Unit and Medical Care Division, Department of Health, Ministry of Health
2/11 (wed)	9:30	Myanmar Red Cross Society
	11:00	UNOCHA Yangon
	13:00	University of Medicine 1, Yangon
	14:30	Yangon General Hospital
2/13 (Fri)	9:00	UNICEF Myanmar Office
	11:00	WHO Myanmar Office
	14:00	Myanmar Medical Association (MMA)

- Interviewees :

1000 Bedded General Hospital, Nay Pyi Taw

Maw Maw Oo Senior Consultant (Emergency Medicine) Medical Superintendent
Than Latt Aung Consultant Emergency Physician

Relief and Resettlement Department(RRD), Ministry of Social Welfare, Relief and Resettlement

Soe Aung Director General, Relief and Resettlement Department (RRD)
Aung Khine Deputy Director General, RRD
Lai Lai Aye Administration Department

Fire Service Department, Ministry of Home Affairs

Tin Moe Director General
Tien Tun Oo Director

Department of Meteorology and Hydrology, Ministry of Transport

Htay Htay Than Director, Meteorology and Hydrology Dept.
Sein Win Deputy Director
Tin Maung Wwe

Department of Meteorology and Hydrology, Lower Myanmar Branch, Ministry of Transport

Lai Lai Aung Assistant Director, Climate Research and Record Section, Meteorology and Hydrology Dept.
Le Ob Than Staff Officer, Seismology Division
Ei Ei Zin Climate and Record Section

Lai Lai Winn Deputy Superintendent, Hydrology Division
Tin Tun Staff officer, Hydrology Division
Khin Thinn Yu Deputy Superintendent, Agro-met Section

Central Epidemiology Unit and Medical Care Division, Department of Health, Ministry of Health

Maw Maw Oo Senior Consultant (Emergency Medicine)
Thida NLA Director, Medical Care Division, DOH
Win Naing Director, Central Epidemiology Unit, DOH

Myanmar Red Cross Society

Tha Hla Shwe Tha Hla Shwe
U Khin Maung Hla Executive Director
Aung Mon Honorary Secretary
Mya Thu Executive Member

UNOCHA Yangon

Helena Mazarro Head of Field Coordination Unit/ Humanitarian Affairs Officer

University of Medicine 1, Yangon

Zaw Wai Soe Rector, University of Medicine (U.M.) 2
Kyi Kyi Sein Professor & Head of Department of Anesthesiology, U.M.(1)
Kya Kyu Thin Retired Professor and Head, Department of Microbiology, U.M.(1)
Theingi Mynit Rector, Professor and Head of Department of Biochemistry
Moe Moe Aung Department of Pathology, U.M.(1)
May Thandar Oo PC, Lecturer, Department of Medicine, U.M.(1)
Khin Moe Phyu Senior Consultant Anesthesiologist, Department of Anesthesiology, U.M.(1)
Soe Min Consultant Surgeon, Surgical Unit (1), Y.G.H
Khing Shwe Wah Consultant Anesthesiologist, E.M. Department, Y.G.H
Kyi Kyi Thinn Emeritus Professor, U.M.(1)
Moe Aung Member of Foreign Affairs

UNICEF Myanmar Office

Jessica Chaix Disaster Specialist-Disaster Risk Reduction Emergency
Myo Tint Logistics Officer, Supply & Logistics Unit
Aung Kyaw Zaw Health Specialist, Malaria

WHO Myanmar Office

Jorge M. Luna Representative
Gabriel Novelo Sierra Health Cluster Coordinator
Maung Maung Lin National Professional Officer
Wim Bo National Technical Officer

Myanmar Medical Association (MMA)

Rai Mra President
Aye Aung Vice-President, Central MMA
Saw Win General Secretary, Central MMA

■ Photos :



Ambulances in FSD (donated by Japan)



Ambulance in MMA



Medical University 1, Yangon



Department of Meteorology and Hydrology



NPT General Hospital Emergency Department



Interview with Fire Department

Philippines

■ Period :

- 1) February 16 - 20, 2015
- 2) February 23 - 24, 2015

■ 1) Members :

Thai C/P	Navanan Kitthawee (NIEM), Pornthida Yampayonta (NIEM)
Viet Nam C/P	Bui Duc Thanh (Emergency Department, 175 Hospital), Nguyen Dinh Thuyen (Emergency Department, E Hospital)
JICA Advisory Committee	Eiko Yamada
Advisor	Soichiro Kai (Hyogo Emergency Medical Center)
JICA	Junko Nakaji (Secretariat of Japan Disaster Relief Team)
Consultant Team	Keiko Nagai, Junko Yamada

2) Member :

Consultant Team	Toshiaki Hosoda
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■ Itinerary :

2/16(Mon)	9:00 Bureau of International Health Cooperation, Department of Health 14:00 Philippines Red Cross 16:00 UNFPA Philippines
2/17 (Tue)	9:00 Tondo Medical Center
2/18(Wed)	8:20 Bureau of Fire Protection, National Capital Region, Department of Interior and Local Government (BFP-NCR, DILG) 10:35 Disaster Risk Reduction and Response Operations Office, Department of Social Welfare and Development (DRRROO-DSWD)
2/19 (Thu)	9:30 WHO Regional Office for the Western Pacific (WPRO) 13:00 WHO Philippines
2/20 (Fri)	9:10 UNICEF Philippines 10:30 UNOCHA Philippines 13:00 Ugnayan ng Pahinungod, University of Philippines, and Emergency Center of Philippines General Hospital

3/23 (Mon)	10:00 Philippine Institute of Volcanology and Seismology (PHIVOLCS), Department of Science and Technology (DOST) 17:00 Office of Civil Defense (OCD)
3/24(Tue)	14:00 Philippines Atmospheric, Geophysical and Astronomical Services Administration (PAGASA), Department of Science and Technology (DOST)

■ Interviewees :

Bureau of International Health Cooperation, Department of Health

Arnel Z. Rivera Director- Officer in Charge, Health Emergency Management Bureau
Joel H. Buenaventura Chief Health Program Officer, Bureau of International Health Cooperation

Philippines Red Cross

Resty Lou Talamayan Operation Manager, TS Haiyan (Yolanda) Operation

UNFPA Philippines

Angelito L Umali Maternal Health Officer
Ana Maria de Asis Leal National Programme Associate

Tondo Medical Center

Myrna T. Rivera Head of Emergency Department/ HEMS Coordinator

Bureau of Fire Protection, National Capital Region, Department of Interior and Local Government (BFP-NCR, DILG)

Jose Edgar B Balita Chief, Health and Emergency Management Division, NCR

Disaster Risk Reduction and Response Operations Office, Department of Social Welfare and Development (DRRRO-DSWD)

Vilma B. Cabrera Assistant Secretary, Operations and Programs Group-Protective Programs (OPG-PP)

WHO Regional Office for the Western Pacific (WPRO)

Roy Anthony Cosico Fellow, Health Leadership Development Initiative, Emergency and Humanitarian Action

WHO Philippines

Julie Lyn Hall Representative
Roderick Salenga NPO (EDM)
Sasha FMT

UNICEF Philippines

Carla Ante-Orzoco Health Specialist, Health and Nutrition Section
Bernardo G. Bersola Cold Chain and Logistics Specialist, Health and Nutrition Section

UNOCHA Philippines

Maria Agnes Palacio National Disaster Response Advisor
Tristan L. Arao Program Assistant

Ugnayan ng Pahinungod, University of Philippines, and Emergency Center of Philippines General Hospital

Eric SM. Talens Director
Lunalinda R. Luz DDM, University Extension Specialist I
Arnulfo N. Esguerra Faculty, College of Arts and Science
Kristen Mae S. Fabular Emergency Medicine, Philippines General Hospital

Philippine Institute of Volcanology and Seismology (PHIVOLCS), Department of Science and Technology (DOST)

Delfin C. Garcia Planning Officer, Finance and Administrative Division

Office of Civil Defense (OCD)

Edwin C. Sadang Senior Military Assistant to Civil Defense Administrator

Philippines Atmospheric, Geophysical and Astronomical Services Administration (PAGASA), Department of Science and Technology (DOST)

Rosalie C. Pagulayan Weather Specialist II, Hydrometeorology Division

■ Photos :



HEMS Command Center



HEMS War Room



Philippines Atmospheric, Geophysical and
Astronomical Services Administration(PAGASA)



Tondo Medical Center



Tondo Medical Center HEMS Room



Tondo Medical Center Disaster Response Kit

Singapore

- Period : March 25 - 26, 2015

- Members :

Thai C/P	Prasit Wuthisuthimethawee (NIEM), Srisaran Dhiradhamrong (NIEM)
Viet Nam C/P	Cong Sinh Nguyen (Ministry of Health), Thi Thuy Hang Nguyen (Ministry of Health)
JICA Advisory Committee	Yosuke Takada
Consultant Team	Keiko Nagai, Toshiaki Hosoda, Yasushi Nakajima

- Itinerary :

3/25 (Wed)	14:30	Ministry of Health
3/26 (Thu)	10:00	Site-visits to Re-structured Hospital on emergency response set up

- Interviewees :

Ministry of Health

Yeo Wen Qing	Deputy Director, International Cooperation, Public Group
Wong Yoong Cheong	Director, Emergency Preparedness and Response Division, Public Group
Leng Chee Yuen Joe	Principle Manager (Operation Control 2), Emergency Preparedness and Response Division, Public Group
Thomas Tan	Manager, International Cooperation Branch, Public Health Group
Chua Yong Khian	International Cooperation Branch, Public Health Group

Singapore Armed Forces

Ltc Lim Kok Kheng	Head, Joint Current Ops Branch
MAJ (Dr.) Tan Man Yi	Head of General Staff Medical Corps

National University Hospital

Suresh Pillai	Associate Prof., Department of Emergency Medicine
Kevin	Emergency Preparedness Coordinator

■ Photos :



National University Hospital, Walking Entrance
Decontamination Area 4



National University Hospital, Ambulance



National University Hospital, Emergency Department



National University Hospital, Decontamination Area



Ministry of Health



Ministry of Health

Thailand

- Period : December 15 - 19, 2014

- Survey Members :

JICA Advisory Committee	Yosuke Takada, Eiko Yamada
Consultant Team	Keiko Nagai, Toshiaki Hosoda, Yasushi Nakajima

- Itinerary :

12/15 (Mon)	11:00	Ministry of Defense in Thailand
	19:00	UNICEF East Asia and Pacific Regional Office
12/16 (Tue)	10:30	National Institute for Emergency Medicine (NIEM)
	13:20	NIEM (Bureau of Strategy)
	14:30	NIEM(Bureau of Medical System management, Bureau of Emergency Medical Coordination and Alliance Relation)
12/17 (Wed)	10:30	The Thai Red Cross Society
	13:00	Thai Association of Emergency Medicine (TAEM), Rajavthi Hospital
12/18 (Thu)	12:00	WHO Country Office for Thailand
12/19 (Fri)	10:00	Department of Disaster Prevention and Mitigation (DDPM), Ministry of Interior
	10:30	Asian Disaster Preparedness Center (ADPC)
	14:15	Bureau of Public Health Emergency Response (BPHER), Ministry of Public Health (MOPH)

- Interviewees :

Ministry of Defense in Thailand

Titisak Nirattisai Colonel

UNICEF East Asia and Pacific Regional Office

Mioh Nemoto Regional Emergency Specialist

National Institute for Emergency Medicine (NIEM)

Wiphada Wijakkanalan Assistant Secretary General

Thunjira Thanasiritachanan Deputy Director of Bureau of Strategy

Narumon Pappila Manager of Bureau of Strategy

Boonrit Phetrung Deputy Director, Bureau of Emergency Medical Coordination and Alliance Relation

Wattana Thongaer Manager, Bureau of Emergency Medical System Management

Boonrit Pherug Deputy Director of Bureau of Emergency Medical Coordination and Alliance Relation

Nawana Anitharak Technical Officer of Bureau of Emergency Medical Coordination and Alliance Relation

Thai Red Cross Society

Annat Barlee Director, Relief and Community Health Bureau

Thai Association of Emergency Medicine (TAEM), Rajavthi Hospital

Somchai Kanchanasut Vice President

Pairoj Khruengkarnchana Department of Emergency Medicine and Narenthon EMS Center, Rajavithi Hospital

Narumol Sawanpanyalert Senior Advisor (Public Health), Chief of Medical Emergency Response, Department of Medical Services, MOPH

WHO Country Office for Thailand

Liviu Vedrasco Technical Officer

Asian Disaster Preparedness Center (ADPC)

Pir Mohammad Paya Senior Technical Specialist, Public Health in Emergencies (PHE)

Shane Wright Executive Director

Bill Ho Department Head, IT and Communication

Bureau of Public Health Emergency Response (BHER), Ministry of Public Health (MOPH)

Anueak Amornpetchsathaporn Director

Narong Tadadej Committee Representative of Emergency Medical Board

Chantira Kaewsamrit Deputy Director (pediatrician)

Porntip Bunnag Specialist of Public Health Technical Officer

Department of Disaster Prevention and Mitigation (DDPM), Ministry of Interior

Chainarong Vasanasomsithi Director of Research and International Cooperation Bureau

Ravee Supanimitwisetkul Research and International Cooperation Bureau

Other staff (in total of 13)

■ Photos :



National Institute for Emergency Medicine (NIEM)
Call Room



National Institute for Emergency Medicine (NIEM)
War Room



Rajavthi Hospital Medical Emergency Response Team
(MERT)



Rajavthi Hospital Paramedics



Red Cross Mobile Clinic



Red Cross War Room

Viet Nam

- Period : January 1 - 9, 2015

- Survey Members :

Thai C/P	Suwapat Apinyanont (NIEM) Torpong Krongtrivate (Emergency Physician, NIEM)
JICA Advisory Committee	Tatsuro Kai
JICA	Junko Nakaji (Secretariat of Japan Disaster Relief Team)
Consultant Team	Keiko Nagai, Toshiaki Hosoda, Junko Yamada

- Itinerary :

1/ 5 (Mon)	16:30	JICA Viet Nam Office
1/ 6 (Tue)	9:00	Ministry of Health
	13:00	Back Mai Hospital
1/7 (Wed)	8:30	Department of Natural Disaster Prevention and Control (DNDPC)
1/ 8 (Thu)	15:00	WHO, Viet Nam
1/ 9 (Fri)	9:50	Hanoi School of Public Health
	13:30	National Institute of Burns, and Viet Nam Burn Association

- Interviewees :

Ministry of Health

Le Thanh Cong	Deputy Director, Department of Planning and Finance (DPI)
Nguyen Thi Thuy Hang	Officer, DPI
Tran Thi Tra Giang	Officer, Disaster Management Unit
Ha Van Nhu	Head of Disaster Management Department, Hanoi School of Public Health
Nguyen Bich Diep	Deputy Director, Department of Occupational and Environmental Health (DOEH)
Phan Thi Thuy Chinh	DOEH
Nguyen Nhi Lam	Deputy Director, National Institute of Burns
Do Ngoc Son	Vice Head, Emergency Department, Bach Mai Hospital
Pham Thi Ninh Chau	International Cooperation Department
Luong Mai Anh	Vice Director Health Environmental Management Agency (EHMA)
Nguyen Thi Thu Huyen	Officer, EHMA
Vo Thang Thanh	Medical Service Administration (MSA)

Back Mai Hospital

Ngo Quy Chau	Deputy Director
Nguyen Lan Anh	Vice Head General Planning Department
Ngoc Son	Vice Head, Emergency Department
Do Van Thanh	Head of International Cooperation Department
Chi	Vice Head of Emergency Department

Department of Natural Disaster Prevention and Control (DNDPC)

Doan Thi Tuyet Nga	Vice Director/Dept of Science and International Cooperation
Ng Thi Xuan Hong	Directorate of Water Resources
Nguyen Thi Thu Ha	Disaster Management Center (DWR)
Nguyen Hiep	DNDPC
Dam Thi Hoa	DNDPC

WHO, Viet Nam

Vu Quang Hieu Technical officer/Emergency and Humanitarian Action (EHA),
Emerging Disease Surveillance and Response (ESR)

Hanoi School of Public Health

Ha Van Nhu Head of Undergraduate Training Department, Head of Disaster
Prevention & Management Department
Le Thi Thanh Hung Deputy Head, Faculty of Environmental and Occupational Health
Cong Ngoc Long Lecturer, Disaster Prevention & Management Department

National Institute of Burns

Nguyen Nhu Lam Deputy Director, Associate Professor, National Institute of Burns (NIB)
Nguyen Ngoc Tuan Vice Director, Associate Professor, NIB
Le The Trung President of Vietnam Burn Association/ former Director of NIB

■ Photos :



Bac Mai Hospital Emergency Department ICU

TÌNH HÌNH BỆNH NHÂN									
SỐ GIƯỜNG	PHÒNG	HỌ TÊN BỆNH NHÂN	TUỔI	CHẨN ĐOÁN SỐ BỘ	NGÀY	THÁNG	NĂM 20	BÁC SĨ	YÊN TỬ
1	A1	Phan Văn B	58	VASC	10/10	10	2010	Phan Văn B	Phan Văn B
2	A1	Trần Văn Cường	75	VASC	10/10	10	2010	Trần Văn Cường	Trần Văn Cường
3	A1	Nguyễn Văn Dũng	63	TDM / Tăng cân	10/10	10	2010	Nguyễn Văn Dũng	Nguyễn Văn Dũng
4	A1	Phan Văn Bình	65	TDM / Tăng cân	10/10	10	2010	Phan Văn Bình	Phan Văn Bình
5	A1	Trần Văn Bình	66	TDM / Tăng cân	10/10	10	2010	Trần Văn Bình	Trần Văn Bình
6	A1	Phan Văn Chung	50	VASC	10/10	10	2010	Phan Văn Chung	Phan Văn Chung
7	CC3	Phan Văn Bình	66	VASC	10/10	10	2010	Phan Văn Bình	Phan Văn Bình
8	CC3	Nguyễn Văn Bình	55	VASC	10/10	10	2010	Nguyễn Văn Bình	Nguyễn Văn Bình
9	CC3	Nguyễn Văn Bình	50	VASC	10/10	10	2010	Nguyễn Văn Bình	Nguyễn Văn Bình
10									
11									
12									
13	CC2	Nguyễn Văn Bình	60	VASC	10/10	10	2010	Nguyễn Văn Bình	Nguyễn Văn Bình
14	CC2	Trần Văn Bình	75	VASC	10/10	10	2010	Trần Văn Bình	Trần Văn Bình
15									
16									
17									
18									

Bac Mai Hospital Emergency Department Daily Status



Ambulance in Bac Mai Hospital



Interview with Ministry of Agriculture and Rural Development



National Institute of Burns



Interview with the Viet Nam Burn Association

Appendix 2: Questionnaire Template

**Survey on the Current Situation of Disaster/Emergency Medicine System
in the ASEAN Region
QUESTIONNAIRE**

Country:	
Name:	
Title/Position:	
Organization:	
Telephone:	
Email address:	

I. Legislation

- a) Are there any laws and/or regulations on emergency medical services (EMS)? Yes/No___

If Yes, please list titles, date of issue and provide a copy if there is an electronic version.

-
-

- b) Are there any laws and/or regulations on disaster medicine? Yes/No___

If Yes, please list titles, date of issue and provide a copy if there is an electronic version.

-
-

- c) Are there any policies on temporary registration of foreign medical practitioners in disaster and emergency situations? Yes/No_____

If Yes, please list the eligible countries for foreign medical practitioners and provide a copy of policy if there is an electronic version.

-

- d) Are there any laws and/or regulations to restrict foreign medical practitioners from providing medical assistance in disaster and emergency situations? Yes/No_____

If Yes, please provide a copy of laws/ and regulations if there is an electronic version.

-

II. National Strategies, Guidelines, Protocols and Plans

- a) Are there any national strategies, guidelines, protocols and plans on EMS? Yes/No___

If Yes, please list titles, date of issue and provide a copy if there is an electronic version.

-
-

- b) Are there any national strategies, guidelines, protocols and plans on disaster medicine? Yes/No_

If Yes, please list titles, date of issue and provide a copy if there is an electronic version.

-
-

III. Organizations/Organizational Structure

- a) Please describe the structure and interrelationship of local, provincial, and national EMS organizations and governing bodies.

- b) Please describe the structure and interrelationship of local, provincial, and national organizations and governing bodies for disaster medical response.

IV. Infrastructure and Equipment

- a) Are ambulance services available? Yes/No___
If Yes, please specify the nature of ambulance ownership (in %):
Public___Private___ Charity___ Other___
- b) Does your country have one or more telephone numbers for EMS? Yes/No___
- c) Please indicate the total number of medical dispatch centers for medical emergency calls.
_____centers
- d) Are the medical dispatch centers functionally connected between each other? Yes/No___
- e) Please indicate the total number of emergency hospital departments by category

<i>Category</i>	<i>Number of Emergency Departments</i>
National Hospital	
University Hospital	
Regional Hospital	
District Hospital	
Private Hospital	
Others (please specify)	

- f) Please indicate the total number of designated hospitals for disaster response by category

<i>Category</i>	<i>Number of Designated Hospital for Disaster Response</i>
National Hospital	
University Hospital	
Regional Hospital	
District Hospital	
Private Hospital	
Others (please specify)	

V. Human Resources

- a) Please provide following information on medical and non-medical staff attending EMS (or provide a document which contains information on human resources for EMS).

<i>Category</i>	<i>Number</i>	<i>Minimum Qualification Requirement</i>	<i>Licensing system</i>
Emergency Doctor			
Nurse			
Paramedic (please specify the categories)			
-			
-			
Others (please specify)			

- b) Please provide following information on medical and non-medical staff attending disaster medicine (or provide a document which contains information on human resources for disaster medicine).

<i>Category</i>	<i>Number</i>	<i>Minimum Qualification Requirement</i>	<i>Licensing system</i>
Doctor			
Nurse			
Paramedic (please specify the categories)			
-			
-			
Others (please specify)			

- c) Is there a human resource staffing plan for the functioning of EMS in terms of numbers, categories and qualifications? Yes/No___ If yes, please provide a copy.

VI. Education/Human Resource Development

- a) Is emergency care/medicine a mandatory course in school curricula?

<i>Category</i>	<i>Emergency care/medicine is a mandatory curricula</i>	<i>If Yes, please briefly describe the curricula (content, hours etc.) or provide related documents</i>
Doctor	Yes/No	
Nurse	Yes/No	
Pharmacist	Yes/No	
Other medical professionals (please specify the categories)		
-		
-		

- b) Is there a human resource development policy/strategy for EMS? Yes/No___
If yes, please provide a copy.

- c) Is there a human resource development policy/strategy for disaster medicine? Yes/No___
If yes, please provide a copy.

- d) Please provide the names of main institutions (private or public) providing education and training in emergency medicine and disaster medicine.

[Emergency Medicine]
•
•
[Disaster Medicine]
•
•

VII. Special Team for Disaster Medical Response

- a) Are there any special teams organized for disaster/crisis medical response? Yes/No ___

If Yes, please provide the following information:

- 1) Number of Teams:

<i>Formed by</i>	<i>Number of Teams</i>
Central government/National	
NGOs	
Medical Association	
Others (please specify)	

- 2) Standard number of team members:

<i>Formed by</i>	<i>Standard number of professionals</i>
Central government/National	Doctor: __, Nurse: __, Paramedic __ Logistic: __ Others __
NGOs	Doctor: __, Nurse: __, Paramedic __ Logistic: __ Others __
Medical Association	Doctor: __, Nurse: __, Paramedic __ Logistic: __ Others __
Others (please specify)	Doctor: __, Nurse: __, Paramedic __ Logistic: __ Others __

- 3) Please provide a standard equipment list (if any)

VIII. Disaster Drills

- a) Are disaster drills performed at different levels in your country? Please provide the information as per the table below:

<i>Level</i>	<i>Are disaster drills performed?</i>	<i>Organizer/Responsible Organization</i>
National	Yes/ No/ Don't know	
Regional	Yes/ No/ Don't know	
Local	Yes/ No/ Don't know	
Others (please specify)		

IX. International Collaboration on Disaster Medicine

- a) Do you have international collaboration protocols on disaster medicine with other countries? Yes/No ___

If Yes, please list names of countries. _____

X. Financing

- a) National budget dedicated to emergency medical service: For the most recent year for which budget and expenditure data is available, provide information as per the table below:

Year	Budget	Expenditure

Please specify the data source(s) used for completing the information: _____

- b) Budget for disaster response: Does emergency medical service have a special budget for disaster/crisis? Yes/No _____

If Yes, please provide as per the table below.

Year	Budget	Expenditure

Please specify the data source(s) used for completing the information: _____

- c) Other financial sources: Is there any other source of budget than the above for disaster medicine? Yes/No _____

If Yes, which agency/organization executes the budget? _____
and please provide as per the table below.

Year	Budget	Expenditure

Please specify the data source(s) used for completing the information: _____

- d) Is there any form of payment for emergency medical services at point of entry for the user? Yes/No _____

If Yes, the average cost of an emergency department visit _____
an ambulance service _____

XI. Academic or Professional Societies

Please list academic or professional societies in the field of emergency medicine and/or disaster medicine in your country.

Name of organization	Contact Person and Email/Tel
<i>[Emergency Medicine]</i> • •	
<i>[Disaster Medicine]</i> • •	

XII. Major Donors and Partners

Please list major donors and partners (technical and financial), areas of assistance and total amount of financial assistance.

<i>[Emergency Medicine]</i> • •
<i>[Disaster Medicine]</i> • •

XIII. Statistics and Information/Surveillance and Reporting System/

- a) Are statistics regularly collected, tabulated and processed on:
Epidemiology of emergency diseases and conditions Yes/No___
Utilization of EMS Yes/No___

- b) Please describe the EMS reporting system and provide a list of indicators used.

- c) Is there any annual report of EMS and/or disaster medical response? Yes/No___

If Yes, please list titles, date of issue and provide a copy if there is an electronic version.

-
-

- d) Is there an early warning disease surveillance system in place that is similar to the surveillance system for post-disaster situations (SPEED)? Yes/No___

If Yes, please describe the surveillance system.

Appendix 3: Summary of the Results of the In-Country Survey

Summary of the Results of the In-country Survey

	Most concerned disaster	Disaster Management			Disaster Medicine/ Disaster Management in Health						
		ICS	UN Cluster	National Machinery	Policy/ Legislation	Strategy/ Plan	Guidelines	Institutional Setting	Search and Rescue	Response Team	Information system
Brunei Darussalam	Flood	Pilot (ASEAN-US Cooperation on Disaster Management)	Not applied	National Disaster Management Center (NDMC), Ministry of Home Affairs	-	-	Major Medical Emergency (MME) Plan of each hospital	MOH - Department of Medical Services - Department of Health Services	Fire Department	3 teams at national level A team is deployed upon necessity.	Routine HIMS (Bru-HIMS) is applied.
Cambodia	Flood	Applied	Humanitarian Response Forum	National Committee for Disaster Management (NCDM)	-	- National Policy on Management of Health Risk in Mass Casualty Incidents - National Strategy on Disaster Risk Management for Health 2015-2019	-	- MOH Disaster Management Committee - Disaster Management and Environmental Health Bureau, Preventive Medicine Department, MOH	Fire Department	A team is deployed upon necessity.	Following routine system is used: - CamDi (Cambodia Disaster Information) - CamEWARN (Cambodia Early Warning)
Indonesia	Earthquake, Tsunami, Flood, Volcano	Applied	Developing national cluster	National Disaster Management Agency (BNPB)	Regulations have been developed since 1995.	-	Technical guidelines	Center for Health Crisis Management (PPKK), MOH and regions	Search and Rescue Team (SRT)	- Rapid Response Disaster Relief Team (SRA-PB) - Medical Response Teams (MRT) includes: Rapid Response Team (RR Team), Rapid Health Assessment Team (RHA Team), and Health Assistance Teams *Members have to fulfill minimum requirements set by MOH regulation A team is deployed upon necessity.	Routine public health information system and PPKK monitoring system
Lao PDR	Flood	Applied	Not applied	National Disaster Management Office, Department of Disaster management Climate Change (DDMCC), Ministry of Natural Resources and Environment (MONRE)	-	-	-	Department of Health Care, MOH	Police, Armed Forces	A team is deployed upon necessity.	Routine disease surveillance system is applied.
Malaysia	Flood, Landslide	Applied	Not applied	Disaster Management Division, National Security Council (NSC), Prime Minister's Department	-	-	-	MOH - Crisis Preparedness and Response Centre (CPRC) - Medical Development Division - Disease Control Division	Local Search and Rescue Team (SRT) or Special Malaysia Disaster Assistance and Rescue Team (SMART) by NSC	- Emergency Medicine and Trauma Services (EMTS) - Malaysian Medical Emergency Response Teams (MMERT) - Basic (B MERT), Advance (A MERT), and Training of Trainer (T MERT)	Routine public health information system and CPRC monitoring system
Myanmar	Flood	Applied	Activated in conflict areas, Cyclone Nargis and Giri	Relief and Resettlement Department (RRD), Ministry of Social Welfare, Relief and Resettlement	-	To be prepared	-	- Central Epidemiology Unit (CEU), MOH for disaster management - Medical Care Division, MOH for mass casualty incident	Fire Department, Military	A team is deployed upon necessity.	Similar to SPEED
Philippines	Storm, Flood, Volcano	Pilot (ASEAN-US Cooperation on Disaster Management)	National cluster	Disaster Risk Reduction and Response Operations Office, Department of Social Welfare and Development (DRRROO-DSWD)	Orders and regulations have been developed since 2001.	-	1. Code Alert 2. Deployment Checklist (local and International) 3. Deployment process flow	Health Emergency Management Bureau (HEMS), MOH and Health Emergency Management Staff (HEMS) in regional health offices and hospitals under MOH	Civil Defense Forces Fire Fighter	A hospital HEMS Coordinator form medical response team to respond needs from the field.	SPEED, ESR
Singapore	Man-made disasters	Applied	Not applied	HomeFrontCrisis Ministerial Committee (HMC)	Whole-of-Government Integrated Risk Management (WOG-IRM)			Crisis Management Group (CMG) (Health) lead by MOH	Singapore Civil Defence Forces (SCDF)	Medical Response Teams (stand-by 24 hours in 7 national hospitals)	WOG-IRM
Thailand	Flood, Storm	Applied	Not applied	Department of Disaster Prevention and Mitigation (DDPM), Ministry of Interior	A part of EMS	A part of EMS	PH and medical preparedness	- NIEM (independent agency) - Bureau of Public Health in Emergency Response (BPHER), MOPH	Royal Thai Armed Forces (RTFA) Civil Defense Volunteers	- Medical Emergency Response Team (MERT) - Disaster Medical Emergency Response Team (DMERT) - Mini-MERT - Disaster Medical Assistance Team (DMAT)	Information System on EMS (NIEM) Routine public health information system is used for disease surveillance in disaster situation.
Viet Nam	Flood, Storm	To be applied	Not applied	Disaster Management Center (DMC), Ministry of Agriculture and Rural Development (MARD)	Under development	Action Plan of Health Sector on Disaster Prevention and Response 2015-2020 (to be approved)	Under development	Disaster Management Unit, MOH	National Committee for Search and Rescue (NCSR)	Five national hospitals can form teams. A team is deployed upon necessity.	Routine public health information system will be used.

Summary of the Results of the In-country Survey

	Emergency Medicine				Human Resource Development		
	Receiving from/ Deploying to medical teams to other county	Policy/ Legislations	Strategy/ Plan	Guidelines	Pre-service education	In-service training (IST)	Major IST providers
Brunei Darussalam	- To assist Bruneians involved in disaster/ accident (e.g., Bus accident in Kota Kinabaru, Malaysia in 2013) - Tsunami 2004, Yogyakarta EQ 2006	-	-	-	- Primary medicine degree incorporates emergency care - Post basic diploma in emergency nursing - Post basic diploma in paramedic by Institute Health Sciences, University Brunei Darussalam	- ACLS, (from 2015) ATLS and PALS for medical personnel - BLS and CPR (cardio-pulmonary resuscitation) for non-medical - FR (National Hazard Material Medical Course (HAZMAT course)) for community and police - Rescue Skill and Defensive Driving Techniques for paramedics	National Resuscitation Center
Cambodia	To assist Camodians involved in disaster/ incidence (e.g., Repatriation of illegal workers in Thailand, Military Coup in 2014)	- National Policy on Emergency Medical Services System in Cambodia (Issued in 2008) - National Policy for Pre- Hospital and Hospital Trauma Care. (Issued in 2008)	-	-	- Emergency Medicine (30hours) at the 6th year of National University of Health Science - Emergency care and Disaster Nursing (30hours) at the 3rd year of Technical School for Medical Care	FA, FR PHEMAP (Public Health and Emergency Management in Asia Pacific)	Development partners
Indonesia	- Received through BNPB according to regulation - In Sumatra EQ (2009), WHO and PPKK mapped FMTs. - Rich experiences sending and receiving medical teams	Regulations on EMS at hospital and community	Strategic plan for integrated system of EMS 2015 –2019	The new guidelines are under drafting.	- Undergraduate course incorporates emergency care - Postgraduate course of disaster management in University of Gajah Mada, University of Hasanudin, and University of Padjadjaran - Postgraduate course on disaster medicine is only provided by University of Brawijaya and University of Indonesia (under development)	- CPD on disaster nursing by Nursing Council of Indonesia (PPNI) - ATLS by Indonesia Surgeons Association (IKBI) - ACLS by Indonesia Cardiologist Association (PERKI) - Management of Emergency Patient (PPGD: Penanganan Penderita Gawat Darurat) - General Emergency Life Support (GELS) - Advanced Pediatric Resuscitation Courses (APRC) - Pediatric Advanced Life Support (PALS) - Advanced Neonatal Life Support (ANLS), etc.	PPKK-MOH, WHO-CC, PPNI, IKABI, PERKI
Lao PDR	Nargis 2008	-	Health Emergency Risk Management Plan (under approval process)	-	- Undergraduate course incorporates emergency care - Postgraduate course in emergency medicine (3years) is to be established in 2016.	FA, FR PHEMAP	- Lao Red Cross - Teaching hospitals - Development partners
Malaysia	Haiyan 2013	-	The Emergency Medicine and Trauma Services Policy (2012) (EMTSP)	Guidelines on EMS are used in all Emergency and Trauma Department of the hospitals.	- Undergraduate course incorporates emergency care - Postgraduate course in emergency medicine in 3 universities such as USM and UKM - Research activities in Center for Research on Emergency Medicine (CREM), UKM	- Crisis and Disaster Training for Emergency Medical Personnel by MOH and the Malaysian College of Emergency Physicians (MCEP) - Malaysian Trauma Life Support (MTLS) - Pre-Hospital Critical and Trauma Life Support (PHCTLS) - Major Incident Medical Management and Support (MIMMS)	MOH and MCEP
Myanmar	- Through RRD according to Natural Disaster Management Law 2013 - Received medical teams in Nargis 2008	Emergency patient care and treatment of injuries Act (2014, Union Law No. 53.) (December 5, 2014)	-	-	- Undergraduate course incorporates emergency care - Diploma in EM (1.5years) for 2 batches - Master in EM (3years) from 2015 - Diploma in Emergency Nursing from 2014 - Diploma in Primary Emergency Care for local level hospital doctors from July 2015	EMT training for nurses, intern doctors and FRs of RC	MOH, education hospitals
Philippines	- Received through BIHC according to Administrative Order #2007-0017 Guidelines on the Acceptance and Processing of Foreign and Local Donations - List has been prepared since Haiyan Typhoon - Rich experiences sending and receiving medical teams	-	-	-	- Undergraduate course incorporates emergency care - Master of Public Administration in Health Emergency Management	- EMT B (Basic and TOT), BLS, SFA, PCLS, ACLS - PHEMAP, HERO, Risk Communication, Mass Casualty Management (MCM) - Health Emergency Response Training	EM - Makati Medical Center - Philippine General Hospital - East Avenue Medical Center - St. Luke's Medical Center DM: HEMB - Bicol University
Singapore			WOG-IRM		- Postgraduate training for 3 years and evaluation program (6 months) for emergency physicians - Section Commander Course (SCDF) for paramedics	- Continuous professional development (CPD) for 7 sub-specialties for EPs - Advanced diploma course for emergency nursing (1 year)	MOH, SCDF, professional associations, hospitals
Thailand	- Depends on Incident Commander - Received medical teams in Tsunami 2004 - Assist Thai people in East Japan EQ 2011	Emergency Medical Act	Master Plan of Emergency Medicine (2012–2016)	Criteria of training Certification of personnel and organization Triage	- Undergraduate course incorporates emergency care - Master course (3 years) - Disaster nursing in nursing education curriculum (Chulalongkorn University in cooperation with Thai Red Cross) - Emergency Medical Technician (5 years): (EMT)-A in colleges; EMT-Paramedic course in an university - EMT-I (Intermediate): 2-year course	- EMT-B (Basic): 110 hours training - Major Incident Medical Management and Support (MIMMS) - Simulation exercises for Medical personnel - First responder (40 hours), first aid, search and rescue for community volunteers	MOPH (Department of Medical Services), NIEM, Navy and Army (jointly with MOPH), Thai Red Cross
Viet Nam		Regulations on service, supply and equipment		First responders at community level	- Undergraduate course incorporates emergency care - A part of postgraduate course in military/ burn medicine - MPH includes public health in emergency response	- Preparedness, management and assessment (short courses in HSPH) - PHEMAP	Vietnam Military Medical University, National Institute of Burns, Hanoi School of Public Health (HSPH)

Summary of the Results of the In-country Survey

	Human Resources (Number shows number of persons.)					Ambulance Services		Academic Society	International Cooperation	Challenges
	Emergency Physician	Nurse	EMT	Paramedic	FR	Calling System	Transportation			
Brunei Darussalam	4: Master degree overseas 47: Recognized as a specialist	132: Diploma in emergency nursing	-	68: Intermediate-EMT course (6 months) + OJT (6months) after diploma in nursing	- Community - Police	991 for nationwide	Ambulances of hospital	-	Singapore	- Further experience of actual response
Cambodia	30: Medical education + 100 hours in ED Not recognizes as a specialist	Nursing education + FA training	Nursing education + FR training	-	Volunteers	119 for Phnom Penh and its suburbs Various numbers per provider	Ambulances of hospital, NGOs, Brigade	-	WHO, UNFPA, ADPC, Side by Side International, International Medical Team (USA)	- Pre-hospital care has just started developing. - Various ambulance services exist without standardization.
Indonesia	Not recognizes as a specialist	Emergency Nurse listed by PPNI	Ambulance nurse (pilot in SAGH)	-	- Police - Community	Area cede + 119 Some hospitals have own emergency numbers	Ambulances of hospital	- Emergency Specialist Doctors' Association in Indonesia (Perdamsi: Perhimpunan Dokter Ahli Emergensi di Indonesia) - Emergency Doctor Association (PDGI: Perhimpunan Dokter Gawat Darurat Indonesia)	WHO: Collaborating Center on Disaster Management ASEAN AusAID, USAID	- Enhancement of postgraduate education for EM/ DM - ?Standardization of EMS and disaster response team? - Although lots of experiences, response seems not to be systematic.
Lao PDR	Not recognizes as a specialist	-	-	-	Volunteers	1195 for Vientiane City Various numbers per provider	Ambulance of hospitals, NGOs, private organizations	-	WHO, ADPC, Thailand	- Pre-hospital care has just started developing. - Priority of EM/DM seems to be low. - National mechanism of disaster management seems not to be stable.
Malaysia	More than 180: Master degree (4years) Recognized as a specialist	-	- 3: Emergency medical Officers (EMO) - Assistant Medical Officers (AMO) - Diploma (3years) Generally, based on nursing education	BSc in Emergency Medicine (4 years in UKM, pilot)	Ambulance driver and AMO	999 for fire, police and ambulance for nationwide	Ambulances of Medical Emergency Coordinating Centre (MECC)	- Malaysian College of Emergency Physician - Malaysian Society of Traumatology & Emergency Medicine (MASTEM) - including disaster medicine	-	- Further capacity development of EMT - Enhancement of research capacity Lessons learned from the recent flood (Dec 2014) - Exchange information with other countries
Myanmar	18 Diploma in EM	-	Base on nursing education	-	Bureau of Fire, RC volunteers	192 for nationwide (actually not functioning)	Ambulance of hospitals, Fire Service Department, NGOs, private organizations	Myanmar Medical Association	WHO	- Utilization of resources developed for SEA Games (2014) - Integration or coordination of EMS among MOH, BF, MAA, and others
Philippines	Licensed by training	Licensed by examination	-	Based on nursing education	Bureau of Fire	DILG: 117 DOH-HEMB Operation Center: 711-1001 to 02 Marikina: 161 Davao: 911	Ambulance of hospitals, NGOs, private organizations	Philippine College of Emergency Medicine (PCEM)	WHO, UNICEF, WFP, OCHA, Save the Children, others	- Politicks influence to investment for EMS development - Impact of OFW in human resource development - High turn over of HRH - Regular information sharing and face-to-face communication on FMT with other countries
Singapore	Registered as a specialist	-	-	Registered by SCDF	-	995 for emergency cases (basically free) and 1777 for non-emergency cases (paid)	Ambulance of SCDF for 995, private service for 1777	Singapore Emergency Medicine Society	-	-
Thailand	204: 6years for MD + 3year for EP Recognized as a specialist	18,899: College Emergency Nurse including Emergency Nurse Practitioner	EMT-B: 4,516 EMT-I: 1,161 College	EMT-P/EMT-A: (number was not available) University/ College	83,584: Trained and certified by NIEM	1669 for nationwide	Ambulances (hospital, local government, private, etc.) coordinated by NIEM	Thai Association of Emergency Medicine (TAEM)	WHO: disaster health emergency management system	- Cooperation with neighboring countries - Standardization or coordination of various medical response teams
Viet Nam	Not recognizes as a specialist	-	-	-	Some community volunteers, traffic polices and the others have been trained.	115 for some urban areas, but not well functioning	Public hospital and private ambulances	- The Vietnam Society of Emergency, Intensive Care and Clinical Toxicology - The Vietnam Burn Association	WHO, ADPC, IFRC, USAID: planning, rapid assessment, etc.	- Strengthening of capacity of DMU - Development of EMT or paramedic

Appendix 4: Records of Invitation Programs

Invitation Program (1): "The 10 Years Tsunami Phuket: The Next Tsunami Zero Lost" Conference and the First Regional Meeting

1. Period

From 9 December 2014 (day of arrival) to 13 December 2014 (day of departure)

2. Place

Phuket Province, Thailand

3. Attendees

A total of 54 representatives from 9 ASEAN Member States (AMS), ASEAN Secretariat, and Japan attended the Meeting (a total of 16 representatives from 8 AMS except Thailand and ASEAN Secretariat participated under the invitation program of the Survey). Two invitees from the Philippines and the AHA Centre (one invitee respectively) cancelled their participation due to the response to Typhoon Hagupit (Ruby).

4. Objective

The major objective of the invitation program was to share the background, objectives, contents, and schedule of the survey, as well as to discuss the survey plan and line of communication among AMS through the first regional meeting. The first regional meeting was held in order to confirm the expectations and concerns of each AMS towards the regional collaboration and coordination on disaster medicine and facilitate an exchange of opinions and ideas among officials and practitioners of disaster medicine. Prior to the first regional meeting, the invitees participated in the "The 10 Years Tsunami Phuket: The Next Tsunami Zero Lost" conference.

5. Overview of the Program

Day	Time	Activity	Place
10 December (Wednesday)	09:00 - 16:45	"The 10 Years Tsunami Phuket: The Next Tsunami Zero Lost" Conference* ¹	Room "Phuket Grand Ballroom", Royal Phuket City Hotel
11 December (Thursday)	08:30 - 18:00		
	18:30 - 20:30	Kick-off Reception	Kan Eang 2
12 December (Friday)	09:00 - 15:30	The First Regional Meeting on the "Survey on the Current Situation of Disaster/Emergency Medicine System in the ASEAN Region"	Room "Raya", Royal Phuket City Hotel

*1: Around 150 participants from Thai Ministry of Public Health, NIEM, and other organizations related to disaster medicine including JICA invitees joined the conference.

6. Main Contents of the First Regional Meeting

- 1) Dr. Anuchar Sethasatien (Secretary-General, NIEM) delivered the opening remarks and then Dr. Wiwat Seetamanoch (Expert on Disaster Management, Thailand) explained the background of the survey.
- 2) **[Session 1 :Discussion on disaster medicine in the ASEAN region]**
Presentations were made by Dr. Yasushi Yamanouchi, Dr. Tomoki Natsukawa, and Ms. Eiko Yamada from the JICA Advisory Committee and Mr. Toshiaki Hosoda from the JICA Survey Team. In relation to the presentations, participants discussed on the situation of disaster medicine in ASEAN and each AMS.

Presentation Themes:

Mr. Hosoda: Types of Disasters in the ASEAN Region

Dr. Yamanouchi: Support for Minami-Sanriku Town by Israeli Medical Assistance Team

Dr. Natsukawa: Lessons Learnt from the Past Disasters

Ms. Yamada: Constructing of Disaster Relief Network System

- 3) **【Session 2: Towards strengthening disaster medicine system in the ASEAN region】**
Mr. Itsu Adachi (Executive Advisor to the Director General, Infrastructure and Peacebuilding Department, JICA) presented the ASEAN regional efforts in disaster medicine and the importance of regional collaboration, and explained the possible collaboration mechanisms and JICA's support in the future.
- 4) **【Session 3: Outline of the Survey】**
Ms. Keiko Nagai (Leader, JICA Survey Team) explained the overview of the survey and the survey schedule. Ms. Nagai also presented the draft questionnaire and sought comments from participants.
- 5) **【Session 4: Way forward】**
Dr. Phumin Silapunt (Deputy Secretary-General, NIEM) presented a way forward of the survey including the communication line and expectations and responsibilities of AMS.
- 6) In the end, Dr. Anuchar Sethasatien presented the meeting summary and delivered the closing remarks.

7. Photos



First Regional Meeting



First Regional Meeting



First Regional Meeting



First Regional Meeting



Press Conference



Group Photo

- ANNEX (1)-I Program of Activities of the First Regional Meeting
- ANNEX (1)-II List of Attendees of the First Regional Meeting
- ANNEX (1)-III Minutes of the First Regional Meeting
- ANNEX (1)-IV Summary of the First Regional Meeting (Provisional)

ANNEX (1)-I Program of Activities of the First Regional Meeting

**Programme of Activities
First Regional Meeting on the Survey on the Current Situation of
Disaster/Emergency Medicine System in the ASEAN Region**

Time	Contents	Presenter
Thursday, 11 December, 2014		
18:30-20:30	Kick-off reception (Kan Eang 2)	JICA, NIEM
Friday, 12 December, 2014		
8:30-9:00	Registration (RAYA Meeting Room, 2F)	
9:00-9:15	Opening Remarks	Dr. Anuchar Sethasatien, Secretary-General, NIEM, Thailand
9:15-9:30	Background of the survey	Dr. Wiwat Seetamanoch
9:30-11:00	<u>Session 1 : Discussion on disaster medicine in the ASEAN region</u> (1) Types of disasters in the ASEAN region (2) Lesson learnt from the past - Dr. Yamanouchi - Dr. Natsukawa - Ms. Yamada	JICA study team Dr. Yamanouchi Dr. Natsukawa Ms. Yamada
11:00-11:15	Coffee break	
11:15-12:00	<u>Session 2 : Towards strengthening disaster medicine system in the ASEAN region</u> (1) Background of this initiative (ASEAN agreements, Outcomes of Phuket Seminar in April 2014 etc.) (2) Importance of collaboration on disaster medicine in the ASEAN region	Mr. Itsu Adachi, Executive Advisor to the Director General, Infrastructure and Peacebuilding Department, JICA
12:00-13:00	Lunch (White Palm, 1F)	
13:00-14:00	<u>Session 3 : Outline of the Survey</u> (1) Purpose of the Survey (2) Contents and Schedule of the Survey (3) Necessary arrangements taken by each AMS	JICA study team
14:00-14:15	Coffee break	
14:15-14:45	<u>Session 4: Way forward</u> (1) Communication line (2) Expectation and responsibility of AMS and their representatives (3) Schedule	Dr. Phumin Silapunt, Deputy Secretary-General, NIEM
14:45-15:00	Closing Remarks Group Photo	Dr. Anuchar Sethasatien, Secretary-General, NIEM, Thailand

ANNEX (2)-II List of Attendees of the First Regional Meeting

	Country		Name		Organization	Department	Title
			Given Name	Surname			
ASEAN Member States							
1	Malaysia	Dr.	Kasuadi	Bin Hussin	Ministry of Health Malaysia	Emergency Service Unit, Medical Development	Senior Principal Assistant Director
2	Malaysia	Dr.	Rosidah	Binti Ibrahim	Ministry of Health Malaysia	Emergency and Trauma Department, Hospital Serdang, Selangor	Senior Consultant and Head of Department
3	Indonesia	Dr.	Ferdinal M.	Fernando	ASEAN Secretariat	Head of Health and Communicable Diseases Division	Assistant Director
4	Indonesia	Ms.	Marlina	Neni	ASEAN Secretariat	Disaster Management and Humanitarian Assistance Division, Cross Sectoral Cooperation Directorate	Technical Officer
5	Indonesia	Dr.	Ari	Prasetyadjati	1. General Hospital Malang, East Java 2. Medical Faculty of Brawijaya University Malang	2. Emergency Medicine Department Medical Faculty	1. Head of Emergency Department 2. Head and Senior lecturer
6	Indonesia	Dr.	Jaya	Supriyanto	Ministry of Health	Center for Health Crisis	Head of emergency response subdivision
7	Cambodia	Mr.	Sokoeu	Ean	Ministry of Health	Preventive Medicine Department	Chief of Disaster and Environmental Health Bureau
8	Cambodia	Dr.	Kompheak Jeudi	Bun	Ministry of Health	Department International Cooperation	ASEAN Bureau Officer
9	Lao PDR	Mr.	Tavanh	Manivong	Mittaphab Hospital, Vientiane		Deputy-Director
10	Lao PDR	Dr.	Lavanh	Vongsavanthong	Ministry of Health	Department of Health Care	Deputy Director of Division of Central Hospital Subcommittee of National on Emergency Medicine
11	Myanmar	Dr.	Maw Maw	Oo	Ministry of Health		Emergency Department Consultant
12	Philippines	Dr.	Myrna T.	Rivera	Tondo Medical Center		Medical Specialist IV
13	Vietnam	Ms.	Thi Thuy Hang	NGUYEN	Ministry of Health	Planning and Finance Department	Officer
14	Vietnam	Ms.	Thi Tra Giang	TRAN	Ministry of Health	Unit of Disaster Management, Office of the Cabinet	Officer
15	Brunei	Ms.	Norazlina	Suryani Rahman	Ministry of Health		Senior medical Officer
16	Brunei	Ms.	Nora	Yusof	Ministry of Health		Acting Nursing officer
Thai							
17	Thailand	Dr.	Anuchar	Sethasatien	NIEM		Secretary-General
18	Thailand	Dr.	Phumin	Silapunt	NIEM		Deputy Secretary-General
19	Thailand	Dr.	Narong	Tharadei	MoPH	Bureau of Public Health Emergency Response	
20	Thailand	Dr.	Wiwat	Seetamanotch			Expert on Disaster Management
21	Thailand	Dr.	Salawoot	Herabut	Chiangrai Prachanukroh Hospital		
22	Thailand	Dr.	Torpong	Klongtrivate	Maharaj Hospital		
23	Thailand	Mr.	Thunjira	Thanasirithachanant	NIEM	Bureau of Strategy	Deputy Director
24	Thailand	Ms.	Srisaran	Dhiradhamrong	NIEM		Senior Advisor on DMHA
25	Thailand	Ms.	Sansana	Limpaporn	NIEM		Secretary to Deputy Secretary-General
26	Thailand	Ms.	Pornthida	Yampayonta	NIEM	Bureau of Academic Affairs and Quality Management	Senior Officer

The Survey on the Current Situation of
Disaster/Emergency Medicine System in the ASEAN Region
Final Report

	Country		Name		Organization	Department	Title
			Given Name	Surname			
27	Thailand	Ms.	Nawanana	Aintharak	NIEM	Bureau of Emergency Medical Coordination and Alliance Relation	
28	Thailand	Ms.	Kittima	Yuddhasaraprasiddhi	NIEM	Bureau of Emergency Medical Coordination and Alliance Relation	
29	Thailand	Mr.	Waniehaya	Thongnab	NIEM		
30	Thailand	Dr.	Prasit	Wuthisuthimeethawee	Prince of Songkla University		
31	Thailand	Dr.	Lersak	Leenanithikul	Prince of Songkla University		
32	Thailand	Mr.	Adam	Yousri	ADPC	Information Technology and Communication Department	Communication Coordinator, Consultant
33	Thailand	Mr.	Don	Tartaglione	ADPC	Information Technology and Communication Department	Communication Consultant
34	Thailand	Mr.	Bill	Ho	ADPC		
JICA Staff and Study Team							
34	Japan	Dr.	Tatsuro	Kai	Advisory committee	Senri Critical Care Medical Center	Director
35	Japan	Dr.	Yuichi	Koido	Advisory committee	Institute for Clinical Research National Disaster Medical Center	Director
36	Japan	Dr.	Satoshi	Yamanouchi	Advisory committee	Emergency Center, Osaka Citizen Hospital	Director
37	Japan	Dr.	Tomoaki	Natsukawa	Advisory committee	Senri Critical Care Medical Center	Chief Physician
38	Japan	Mr.	Yosuke	Takada	Advisory committee	Disaster Reduction and Human Renovation Institution	Researcher
39	Japan	Ms.	Eiko	Yamada	Advisory committee	College of Nursing Art and Science, University of Hyogo	Doctoral Program
40	Japan	Dr.	Yasuhiro	Otomo	Lecturer	Tokyo Medical and Dental University Hospital	Professor
41	Japan	Dr.	Shinichi	Nakayama	Lecturer	Hyogo Emergency Medical Center	Director
42	Japan	Mr.	Itsu	Adachi	JICA Headquarters	Infrastructure and Peacebuilding Department	Executive Advisor to the Director General
43	Japan	Ms.	Akiko	Sanada	JICA Headquarters	Infrastructure and Peacebuilding Department	Deputy Director
44	Japan	Mr.	Makoto	Yamashita	JICA Headquarter	Southeast Asia and Pacific Department	Executive Advisor to the Director General and Deputy Director General
45	Japan	Mr.	Hikomichi	Kano	JICA Headquarters	Southeast Asia and Pacific Department	Assistant Director
46	Japan	Ms.	Junko	Nakaji	JICA Headquarters	Secretariat of Japan Disaster Relief Team	Staff
47	Thailand	Mr.	Masanori	Takenaka	JICA Thailand		Senior Program Officer
48	Japan	Ms.	Nami	Kasahara	JICA Indonesia Office	Project Formulation Advisor (ASEAN Partnership)	Project Formulation Advisor
49	Japan	Ms.	Keiko	Nagai	JICA Study Team	KRI International Corp.	Team Leader
50	Japan	Mr.	Toshiaki	Hosoda	JICA Study Team	Nippon Koei Co., Ltd.	Team Member
51	Japan	Dr.	Yasushi	Nakajima	JICA Study Team	Tokyo Medical and Dental University Hospital	Team Member
52	Japan	Ms.	Junko	Yamada	JICA Study Team	KRI International Corp.	Team Member
53	Japan	Ms.	Kumiko	Nishimura	JICA Study Team	KRI International Corp.	Team Member
54	Thailand	Ms.	Naranrach (Ly)	Panyadutphet	JICA Study Team	Thaikoei International	Secretary

ANNEX (1)-III Minutes of the First Regional Meeting

**Minutes of the First Regional Meeting on the Survey on the Current Situation of
Disaster/Emergency Medicine System in the ASEAN Region**

**12 December 2014
Royal Phuket City Hotel, Phuket, Thailand**

Executive Summary

The Survey on the Current Situation on Disaster/Emergency Medicine System in the ASEAN Region aims to review and collect data and information on the current status, potential needs and challenges of disaster/emergency medicine from the ASEAN Member States (AMS) with the intention to foster collaboration on disaster medicine in the region. As a kick-off of the Survey, the Japan International Cooperation Agency (JICA) in close collaboration with Thailand and Vietnam held this meeting to share the background, objective, contents, and schedule of the Survey with AMS. Participants to the meeting included representatives from each AMS, members of JICA, and members of the National Institute for Emergency Medicine (NIEM) in Thailand. The meeting is divided into four sessions discussing disaster medicine in the ASEAN region, how to strengthen disaster medicine system in the region, the outline of the survey, and the way forward in disaster medicine. The intention of each session is to stimulate discussions among ASEAN's leading actors in the field of disaster medicine to formulate regionally tailored solutions in the field.

Opening Remarks	Dr. Anuchar Sethasatien, Secretary-General, NIEM, Thailand
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Dr. Anuchar Sethasatien, Secretary-General of the NIEM opened the First Regional Meeting, welcomed all the participants and stressed the importance of working together toward a more resilient future.

Background of the Survey	Dr. Wiwat Seetamano
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When looking at the information on natural disasters of the world, Asian countries account for the most impacts of natural disasters. These impacts do not only affect the people, but also the livelihoods and financial situation of these countries.

In April 2014, the first meeting for disaster medicine took place coordinated by NIEM in collaboration with JICA. The meeting aimed to strengthen capacity, resilience and response capacity of the participants. The meeting was a success and showed how work cannot be done independently in an ad hoc manner. The meeting showed that we must learn about the mechanisms inside Asian communities that allow us to become resilient.

In August a working group was established with the AMS to draw the concept of emergency and disaster medicine and present it at the senior officers meeting in the following month. The senior officers accepted the ideas to put the disaster medicine in the post 2015 framework and to become part of the strategy plan of ASEAN countries.

Moving forward there should not be one methodology for all countries, because everyone is different in each country. Therefore, it is important to keep in mind that plans need to be tailor made to fit the specific needs of each AMS. The concept of thinking is that we need to study different situations. A survey is to be conducted to explore the needs, capacity, and resources inside the country and the information will be utilized to put together the synergies to have effective work in the future.

Looking back at the tsunami 10 years ago, it is a good opportunity to learn and take steps forward to share lessons learnt and work toward the same vision of a more resilient society. A vision without any plan is a bad

dream; it needs to become a concrete and strategic plan. All disasters that have affected Asia should be accounted for. In the future, we will work for zero lost.

Session 1: Discussion on Disaster Medicine in the ASEAN Region

(1) Types of disasters in the ASEAN region (Mr. Toshiaki Hosoda, JICA Survey Team)

Flood and storms are the most prevalent hazards in the ASEAN region. Despite this, the earthquake and the resulting tsunami was the single largest cause of death among hazards. Flood storms and droughts are the major hazards in the region. Many disasters are predictable. Floods storms and droughts are climatic disasters and are predictable. Earthquake and Tsunami, however, are not predictable and have large immediate consequences.

The viewpoints for disaster medicine can be broken down into stage, place and secondary disaster. Different disasters can be classified based on their impact. Disasters that can be predicted should be prepared for and the different duration of disasters and the time it takes to rebuild based on the damage should be understood as well as necessary efforts to prepare. The place where the disaster occurs should also be understood beforehand.

Every disaster that affects AMS that occurs causes a different situation. The sharing of experiences is, therefore, very important among AMS to share the lessons learnt and better prepare for the future.

(2) Lesson learnt from the past

1) Dr. Satoshi Yamanouchi: Support for Minami-Sanriku Town by Israeli Medical Assistance Team

Dr. Yamanouchi described the disaster and a collapsed hospital where many lives were lost in Minami-Sanriku Town by the Great East Japan Earthquake. Support teams tried to help, but they did not bring critical equipment and there were no pediatricians despite the extensive needs of equipment and human resources. There was also a problem with leadership during the situation. Finally, the mayor of the neighboring city coordinated the efforts, but there was a question of who would manage an incoming medical assistance team from Israel.

Challenges of the support included the legal issues of treatment from outsiders, securing transportation needs, the lack of local medical advisors. Also, it was not clear that what kind of foreign supports were necessary.

This shows what should be focused on and planned for in the future. The lead person that works with outside support needs to be appointed, as well as the role of local medical advisors, and the condition and timing of withdrawal.

2) Dr. Tomoaki Natsukawa: Lessons learnt from past disasters

Dr. Natsukawa stressed the importance of information sharing to enhance the national and regional capacity of disaster response and preparedness. Disasters will affect all countries in a region and should have shared counter measures for shared risks. It is important to share lessons and good practice on disaster preparedness and response so holistically everyone can become better prepared.

Then, seven topics focusing on the successes and the challenges from the Typhoon Haiyan were explained and the suggestions based on his experiences were presented. Seven topics include 1) acceptance of the Foreign Medical Teams (FMTs), 2) Surveillance Post Extreme Emergencies and Disasters (SPEED), 3) warning system, 4) evacuation system, 5) infrastructure to cope with disasters, 6) logistics in the affected area, and 7) information management.

Lastly, expectations for the ASEAN disaster medicine network were presented. In terms of preparedness, it is expected to improve the regional capacity of emergency and disaster medicine, to build up relationship among disaster medicine personnel in the region, and to contribute for enhancing the disaster medicine

globally based on experiences and lessons learnt in the region. In terms of response, the ASEAN region has a geographic advantage for logistics cooperation. In addition, it is helpful to establish an effective patient transfer system which transfers serious patients out of the affected areas.

3) Ms. Eiko Yamada: Constructing of Disaster Relief Network System

Disaster nurses are defined as those who apply their skills to respond in a disaster situation. The goal is to achieve the best possible level of health for the people and community involved in the disaster. When disaster happens, it is not always the case that appropriate assistance is available for the survivors because the government gets caught off guard by the disaster. Therefore, it is important to enhance preparedness for disasters. The goal of disaster nursing is to provide the same level of healthcare as during peacetime.

In Japan, for 20 years after the Hanshin Awaji Earthquake, nurses who are involved in disaster relief activities have developed the base of the disaster nursing such as 1) well organizing of the relevant knowledge, 2) workshops and trainings of nurses to be dispatched for disaster relief, and 3) establishing of cooperation system / in disaster response.

Based on the experiences of the Great East Japan Earthquake in 2011, we have learnt that the following two capacities need to be strengthened in a disaster nursing education, 1) rapid and integrated assessment of health needs and working environment in affected areas, and 2) autonomous nursing activity in the given situation. In addition to the above points, humanitarian aspects are getting emphasized in disaster nursing trainings.

Suggestions for the future include a greater respect for different cultural and social values, language and religion of individuals. There should be a holistic approach in collaboration with local authority and community to protect the lives of everyone. Empower the affected people to improve their quality of life.

Discussion

In relation to the presentations, Dr. Anuchar Sethasatien, a chairperson, sought comments from the participants on the questions: What is the situation of disaster medicine, what are the issues and needs of disaster medicine, in your country? The comments from the participants are as follows.

Indonesia: Disaster medicine has not yet been established as of yet. Disaster medicine is included in disaster management. However, there is a push for doctors and medical students to study disaster medicine.

Philippines: All hospitals have an emergency response coordinator. The Philippines also often sends its professionals in the field of disaster medicine to other countries. Hospitals are divided into responding teams and receiving teams. One issue when responding to Haiyan was that medical responders sent to Tacloban were not able to bring their food and medicine to the site. In this aspect the Philippines can learn from the best practices in Japan.

Malaysia: Since 1998 disaster medicine has been implemented. However, it is still a goal to equip every hospital with an emergency medicine department. Although emergency medical teams are not as well trained as Japan's DMAT, they are improving. Malaysia aims to standardize its medical teams in terms of training and registration. Additionally it aims to coordinate all its volunteers.

Myanmar: Myanmar is still at a developmental stage developing in many aspects including its disaster management system. It recently instituted its Ministry of Welfare Relief and Resettlement. Since 2012, Myanmar sent 18 people to get trained by the Australian College of Emergency Medicine. These people will contribute to develop Myanmar's emergency medical capacities. Myanmar is also developing emergency medicine specific laws.

Lao PDR: Lao PDR has generally been safe from disasters in the past because our country is landlocked and low density in population. However, the Ministry of Health is developing its capacities in this regard. A curriculum has been developed to train professionals in the field of disaster medicine.

Brunei: There are only a few emergency medical professionals in Brunei. Getting the state to recognize this field as a specialty still remains a challenge. Disaster medicine is still in its infancy and as of yet nobody specializes in this field solely. In terms of disaster management the NDMC coordinates the actors during a disaster including the Ministry of Health. Although, Brunei is a well protected country geographically, it is still doing its best to improve its emergency medical capacities.

Vietnam: Vietnam worked together with Thailand to conduct the survey. This survey was the first step to improve cooperation within the region in order to improve disaster medical systems.

Cambodia: In Cambodia, floods occur every year. There is a national committee on disaster management. Laws on disaster management are still yet to be passed. In regard to Cambodia's disaster medical capabilities, there is no capacity as of yet.

Thailand: Emergency/disaster medicine is relatively new in Thailand starting from 2004. Dr. Wiwat trained in Japan to institute DMAT in Thailand. Thailand's emergency medical capabilities are still relatively new and improving.

ASEAN Secretariat: Disaster medicine is one of the priority areas endorsed in the last ASEAN summit. Some priorities that need to be addressed are: 1) creating a regional strategy framework, 2) addressing gaps and needs; and 3) addressing the roles of different stakeholders, including focal points at the national level and those at the sector level. All these aspects need to come together.

<p>Session 2: Towards Strengthening Disaster Medicine System in the ASEAN Region Mr. Itsu Adachi, Executive Advisor to the Director General, Infrastructure and Peacebuilding Department, JICA</p>
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ASEAN regional efforts in disaster management response include declaration, meetings, trainings and laws on disaster management for ASEAN countries. The involvement of many stakeholders for disaster risk reduction and disaster management were included in these developments.

Collaboration is important in disaster medicine in the ASEAN region and should be continuously improved in the future to make countries more resilient to disaster events.

Several countries have an existing system related to emergency medicine, but more need to develop plans to create more comprehensive systems. Human capacity training can be provided to build capacity. Cambodia and Myanmar, who are currently developing their systems, can be considered for training and capacity building in the emergency medicine system and disaster medicine system.

The aim should be to strengthen the regional capacity of disaster management, especially focusing on the capacity of disaster medicine to mitigate loss and damage.

In the future, it is expected to have a more proactive regional cooperation, coordination technical assistance, and resource mobilization in all aspects of disaster risk reduction, preparedness and response.

The regional resources should be utilized to better coordinate capacity building and the goal of a comprehensive collaboration system between ASEAN countries.

Normally, the recipient country to receive the FMT, the affected country should coordinate each medical team. But if we the FMT teams can coordinate each medical team together it's more useful. They can share information on patients and the situation at large.

A central body, such as the national emergency medical system, can coordinate with the FMT. And the FMTs can utilize the facilities of other teams if necessary, such as sharing helicopters when a patient needs an airlift. This is especially useful if there is an injury near a border. Maybe one side that is closer to the victim can consider helping the victim on the border. This type of coordination can help save lives.

Moving forward we need to identify disaster medicine in ASEAN Agenda. We need to coordinate the ideas to include them into concepts in the post 2015 agenda. Next year, a project is planned that will focus on the capacity development of disaster and emergency medicine.

The visions of this plan are to strengthen a regional capacity by having a disaster and emergency medicine system in each country and to synergize it into a system. Then, to organize the program step by step, build the capacity, and discover what each country can do to help the other.

Discussion

In response to the presentation from Mr. Adachi, below are the comments from the participants.

Malaysia: We want to focus on how to keep ourselves relevant in the field. It is agreed that the countries can coordinate with each other after a disaster. If one country is affected by a disaster, the other countries should be able to provide support right away. Immigration, laws, regulations prevent quick response. By creating a network, this problem can be solved. Qualified personnel can be registered to help other countries with the necessary level of care. This qualification system will ensure everyone gets the appropriate level of care. Ground zero plans need to be established (communication, leadership etc.). Bringing assets into affected countries, it should be pre-arranged and considered what type of disasters will require what types of help. Disaster training should be coordinated to have standard approach to disaster training.

Indonesia: Working together is important during a disaster because every country needs support when a disaster occurs. By working together, we can help each other more quickly. There needs to be a registration and qualifications means to know who can work well and to prove they have the proper capacity of service. Sometimes an aid team is sent to a country, but they are sent back as they are not requested. Situations like the previous one needs to be avoided.

Vietnam: Hope to have JICA support on alert system. It will greatly increase disaster preparedness. An issue now in Vietnam is a coordination mechanism. Many ministries are now coordinating around disaster preparedness, but now there needs to be a coordination mechanism to easily help the victims after a disaster.

Philippines: We have established focal points for foreign medical teams to work with. The problem is facilitating the visa problems when going to the affected country. The visa should be smoothly facilitated for the medical teams. Also, it is necessarily to consider what types of specialties are needed in the disaster situation and the reasons why they should be allowed into the affected country. We should avoid the situation as “we want to help the country, but we are not allowed in the country.”

Dr. Wiwat Seetamanoch: The importance on collaboration was stressed and before collaboration we need to start communication and then move to coordination and then finally collaboration.

Myanmar: Different countries have a different system of government related to foreign relations. We need to make an effort to understand the government system of each country. One idea is for national disaster medicine planning, maybe all countries can develop their own program and have central website that every country can upload their policy and their facilities and their needs. Disaster experiences can be shared here as well.

Dr. Anuchar Sethasatien: If we need to make a disaster medical system we need to start to qualify the emergency medical system as well.

Session 3: Outline of the Survey Ms. Keiko Nagai, JICA Survey Team

The survey has three objectives: 1) collect necessary information on disaster medicine and emergency medicine in AMS, 2) formulate a future vision of cooperation in disaster medicine in the region, and 3) propose cooperation program to support strengthening of capacity of disaster medicine.

The survey targets all AMS, especially those agencies concerned with disaster medicine/emergency medicine response, search, and rescue. The survey consists of two components, which are data collection and invitation program.

The first component, data collection, includes 1) questionnaire survey, 2) in-country survey, and 3) update of “Inventory of Information on Disaster Management”. In order to make the in-country survey efficient, AMS are requested to review the proposed in-country survey schedule and the list of organizations for interview, and provide comments if any, and to review the proposed questionnaire and provide comments if any.

With regard to the second component, invitation program, there are four programs planned including the first regional meeting.

Discussion

ASEAN Secretariat: There should be a communication process established. Particularly there should be a focal point to communicate with the ASEAN+3.

In regards of the way forward the AHA center directly reports to the governing board, which consists of the national disaster management agencies of each ASEAN country. As such, the AHA center should be included in the consultation process for the Survey.

JICA: Concerning the involvement of the AHA center, in this meeting they were invited but were unable to attend in this session. JICA intends to involve the AHA center more in the future.

In addition to the national disaster management agencies of each country JICA will also visit the ASEAN Secretariat along with the AHA center.

JICA will also include the safety systems for the medical teams as an additional point in the survey upon the Chair recommendation.

Ideally, the contents of the Survey should be finalized before the end of the year if possible. Any questions about the Survey should be directed to Ms. Keiko Nagai.

Both **Malaysia and the Philippines** raised scheduling issues that will prevent the Survey from being conducted. In response, JICA will coordinate with countries with scheduling issues in order to set an ideal time to conduct the survey.

Session 4: Way Forward Dr. Phumin Silapunt, NIEM

Dr. Silapunt presented 1) communication line, 2) expectations and responsibilities of AMS, and 3) survey schedule to have a common understanding among the participants. The major points were as follows:

1) Communication line

Thailand and Vietnam are the lead for smooth implementation. NIEM is the focal point. Sharing important information via ASEC initially, following up by Thailand.

2) Expectations and responsibilities of AMS

Nominate two representatives from each AMS, which consists of one senior level from implementation agency on disaster medicine, and one senior level from Ministry of Health. As of now, (besides Thailand) the

Philippines, Myanmar, and Malaysia have kindly nominated the representatives.

These representatives are requested mainly, 1) to attend forth-coming in-country survey to explain the actual situations and real needs, and 2) to attend the regional meetings to share the progress of this Survey and materialize of future cooperation.

3) Survey schedule

Jan – Mar 2015: In-Country Survey

Mar 2015: Second Regional Meeting in Japan (during 3rd UN World Conference on Disaster Risk Reduction)

May 2015: Third Regional Meeting and Technical Seminar in Thailand as the trial of future.

Questions and Answers

Q1: ASEAN Secretary: Focal point of in-country survey, the participants of the workshop or to be named later?

A: NIEM: Can be either, can be the current participants or to be nominated at a later stage.

A: JICA: Expect the representatives nominated will serve as the focal point under the initiative, be available to coordinate with the agencies within AMS. Each JICA foreign office except Singapore and Brunei will provide further support to this Survey.

A: Philippines: could be nominated someone else but unless if the invitation is specified with the names of the participants of this meeting, echoed by Brunei as well.

Q2: Malaysia, previous email from JICA asking for nomination of two people, it should be continue with these two people. Also need soft copy of the questionnaire form for easy filing.

A: JICA Survey team: revised survey will be sent out within two weeks before the end of year. Assuming the respondent to be Ministry of Health officials, particular bureau, which is in charge of disaster medicine. If it is difficult to answer, please contact the survey team and more explanation will be provided.

Closing Remarks

Dr. Anuchar Sethasatien, Secretary-General, NIEM, Thailand

It is important to build regional collaboration mechanisms on disaster medicine in the ASEAN region due to the high number of disasters in the region. Throughout the day we heard from many different presentations sharing the lessons learnt from past disasters as well as useful systems already introduced.

In order to strengthen the regional capacity of disaster management, especially focusing on the capacity of disaster medicine to mitigate preventive loss and damages, it was recognized that the development/enhancement of the national emergency/disaster medicine capacity would be prioritized at first, eventually followed by establishment/enhancement of regional disaster medicine capacity including regional operation mechanism & systems (i.e. ASEAN Standard Operation Procedures) for enabling more proactive cooperation, technical assistance and resource mobilization in all aspects of disaster risk reduction, preparedness and response is highly required.

Through the enhancement of the national capacity of emergency/disaster medicine, the strengthening of the regional capacity and any type of operation mechanism could be realized.

It has been requested that the progress of this Survey including schedule, outputs of regional meetings/workshop and etc. will be shared with all concerned organizations and personnel in the field of emergency medicine, disaster medicine and beyond, if necessary.

END

ANNEX (1)-IV Summary of the First Regional Meeting (Provisional)

Summary of the Meeting (Provisional)

The First Regional Meeting on the Survey on the Current Situation of Disaster/Emergency Medicine System in the ASEAN Region on December 12, Phuket, The Kingdom of Thailand

1 Disaster Medicine in the ASEAN region

We reaffirmed the importance of an idea of regional collaboration mechanism on disaster medicine in the ASEAN region by acknowledging its disaster prone character to compare with other regions in the world. The participants also acknowledged the differences in terms of the nature of natural disasters in each ASEAN Member States (AMS), such as flood, storm, draught, earthquake & Tsunami including their secondary disasters and Man-made disasters (mass casualties incident), etc..

Comprehending the presentation by the Japanese speakers, we understood lesson learnt from the past disasters in Japan as well as useful system already introduced after the said disasters such as receipt of foreign medical teams (FMT) & Disaster Nursing on site. The participants also understood that every disaster in the region is occurred at different situation and reaffirmed the importance of sharing experience/knowledge in detail among AMS and Japan.

2 Towards strengthening disaster medicine system in the ASEAN region and the outline of the survey

We acknowledged the ASEAN's own regional efforts so far as well as the Japan's past experiences, contribution & existing political commitment, especially at ASEAN-Japan Commemorative Summit Meeting in December 2013, some of which were/are/will be implemented through JICA. In order to strengthen the regional capacity of disaster management, especially focusing on the capacity of Disaster Medicine to mitigate preventive loss and damages, it was recognized that the development/enhancement of the National EMS & DMS Capacity would be prioritized at first, eventually followed by establishment/enhancement of Regional Disaster Medicine Capacity including the Regional Operation Mechanism & Systems (i.e. ASEAN Standard Operation Procedures) for enabling more proactive cooperation, technical assistance and resource mobilization in all aspects of disaster risk reduction, preparedness and response would be highly required. We further understood the inherent conditions and circumstances in each AMS be properly considered for the said Regional Operation Mechanism.

In ASEAN Agenda, Disaster Medicine (Health Implication in Disaster Management) had been identified as one of the new collaboration activities for 2014-2015 under ASEAN Senior Official Meeting Health Development (SOMHD) plus three. In addition, the post 2015 Health Development Agenda including Disaster Health Management as one of the priority areas was confirmed at the 6th ASEAN plus three Health Ministers Meeting in September 2014 at Hanoi.

In the light of the above background, we met together this occasion today for the kick-off of the survey which would aim at collecting basic information of the situation of AMS in Disaster Medicine and Emergency Medicine system. It was also identified that the survey would be the stage of consensus building among AMS, the organization concerned and Japan on the detailed contents of future cooperation.

3 Outline of the Survey

We were explained with the written documents on the scope, objectives, components and timeframe of the Survey and understood that we would be expected to share them with the organizations and personnel concerned upon return and to comment on them if any by the end of December, and to prepare for the arrival of the Survey team. At the same time, JICA and its Study Team would be expected to review the events schedule based on the requests of AMS as much as possible.

4 Way forward

(1) Communication line (Lead countries)

It was officially announced that Thailand and Viet Nam were the lead countries on this survey. In practice, ASEAN Secretariat (ASEC) will distribute initial information on important issues to the other AMS through SOMHD Focal Point (SOMHD FP) of all AMS after the consultation with two lead countries & JICA. Then, Thailand, on behalf of the lead countries, will share detailed information to the other AMS's Focal Point of this Survey (Representative) with Cc. to SOMHD FP. Other category of information will be directly shared by National Institute for Emergency Medicine (NIEM).

Furthermore, we were recommended by ASEC to continue the information sharing and consultation with AHA Center.

(2) NIEM as the focal point of Thailand for this Survey

We were explained and understood that NIEM would be officially appointed as the focal point of Thailand for this Survey by the Ministry of Public Health (MoPH), Thailand.

(3) Expectation and responsibility of AMS

At first, we understood that two (2) representatives of AMS, preferably and possibly, the same members of this occasion would be nominated as soon as possible. The said representative would play a role, mainly,
a) to attend forth-coming in-country survey to explain the actual situations and real needs,
b) to attend the regional meetings to understand the progress of this Survey and materialize of future cooperation.

We reaffirmed the expected qualifications for the one (1) be senior level in an implementing agency responsible for Disaster/Emergency Medicine and the another be senior level in the Department/Bureau/Division responsible for managing Disaster/Emergency Medicine in the Ministry of Health or any relevant ministry, considering the inherit conditions of each AMS.

Anyway, we confirmed that tireless information sharing and discussions in our countries would be the key for the success of the Survey.

Secondly, we confirmed that through the enhancement of the national capacity of Emergency/Disaster Medicine, the strengthening the regional capacity and any type of operation mechanism could be realized. Lastly, it is requested to share the progress of this survey including schedule, outputs of regional meetings/workshop and etc. with all concerned organization & personnel in our country in the field of emergency medicine, disaster medicine and beyond, if necessary.

5 Schedule

We recognized that the JICA study team would implement in-country survey from January to March 2015 and all AMS with the initiative of participants here were expected to reply the questionnaire & prepare the necessary arrangements/measures to receive the team, making the survey done successfully.

Furthermore, two (2) representatives of AMS, hopefully the same members on this occasion, are expected to participate in the 2nd Regional Meeting (Workshop 1) in March 2015 in Japan and the 3rd Regional Meeting (Workshop 2) as well as Technical Seminar in May 2015 in Bangkok, Thailand.

END

Invitation Program (2): The 3rd UN World Conference on Disaster Risk Reduction and the Second Regional Meeting (Workshop I)

1. Period

From 15 March 2015 (day of arrival) to 19 March 2015 (day of departure)

2. Venue

Miyagi Prefecture (Sendai City and Ishinomaki City) and Tokyo, Japan

3. Attendees

A total of 55 representatives from 10 ASEAN Member States (AMS), ASEAN Secretariat, AHA Center and Japan attended the Meeting (a total of 26 representatives from 10 AMS, ASEAN Secretariat, and AHA Center were invited under the invitation program of the Survey).

4. Objective

On the occasion of the 3rd UN World Conference on Disaster Risk Reduction, the program was held to invite the representatives of the ASEAN Member States concerning disaster medicine to Japan, to organize field trips to participate in Public Forum events in the 3rd World Conference on Disaster Risk Reduction and to visit the affected areas of the Great East Japan Earthquake, in order to share Japan's experience and lessons learned from the Great East Japan Earthquake. The program also aimed to share the interim results of the in-country survey with the AMS representatives, and discuss issues concerning the establishment of the Japan and regional collaboration mechanism through the Second Regional Meeting (Workshop I).

5. Overview of the Program

Day	Time	Activity	Place
15 March (Sunday)		Arrival in Tokyo, and travelling to Sendai	
16 March (Monday)	09:00-12:30	Participate in Public Forum events in the 3 rd UN World Conference on Disaster Risk Reduction (Self-guided tour)	Around Kotodai-koen Park
	13:30-16:40	Participate in Public Forum events in the 3 rd UN World Conference on Disaster Risk Reduction Title: "Medical and Public Health Preparedness for Large Scale Disaster"	Tohoku University Kawauchi-kita Campus
	(13:10-15:10)	(Meeting with NIEM Thailand)	
	17:30-19:30	<u>Lecture</u> : Experience and Lessons Leant from the Great East Japan Earthquake	TKP Sendai Conference Center
17 March (Tuesday)	08:30-11:30	<u>Site visit</u> : disaster affected areas	Ishinomaki City, Onagawa Town
	11:30-12:30	<u>Video Lecture</u> : Japanese Red Cross Ishinomaki Hospital's initial response to the Great East Japan Earthquake	Japanese Red Cross Ishinomaki Hospital
	12:30-12:50	Tour of the Japanese Red Cross Ishinomaki Hospital	

Day	Time	Activity	Place
	12:55-14:10	<u>Lecture:</u> 1. Dr. Satoshi Yamauchi, Osaki Citizen Hospital 2. Dr. Masakazu Kobayashi, Japanese Red Cross Ishinomaki Hospital	
		Leave for Tokyo	
18 March (Wednesday)	09:30-15:30	the Second Regional Meeting (Workshop I)	Hotel Sunroute Plaza Shinjuku
	18:00-20:00	Reception Dinner	Odakyu Southern Tower
19 March (Thursday)		Back to each Country	

6. Main Contents of the Program

(1) 16 March

1) Participate in Public Forum events in the 3rd UN World Conference on Disaster Risk Reduction and/or Self-guided tour around the venue (9:00-12:30)

Participated individually in Public Forums events (symposiums and demonstrations) including the booth of the Secretariat of Japan Disaster Relief Team (JDR) at and around Kotodai-koen Park.

2) Public Forum “Medical and Public Health Preparedness for Large Scale Disaster” (13:30-16:40)

The group participated in the Symposium cosponsored by the International Research Institute of Disaster Science (IRIDeS) of Tohoku University and JICA. Presentations were made on ways to make regional communities more resistant to disasters and protect people’s well-being. JDR Secretariat Ms. Nakaji: on JDR’s activities to date and standardization of disaster medicine in Japan and abroad; Dr. Phumin Silapunt from Thai NIEM: “Development of Disaster Medical Assistant Team”; Dr. Indro Murwoko from Ministry of Health Indonesia: “Disaster Health Operational Team: Training and Standardization”; each gave a presentation.

3) Lecture from the Storyteller of the Great East Japan Earthquake (17:30-19:30)

Ms. Yoko Yamada of Cannus Tohoku spoke about her experience of 1) her two-week stay as volunteer nurse at an evacuation center that accommodated 2,000 people immediately after the earthquake, and 2) challenges the disaster-hit areas and survivors faced during the recovery period, and what is expected of medical workers.

(2) 17 March

1) Site visit to disaster-affected areas of the Great East Japan Earthquake

The group visited severely damaged areas including the coast of Ishinomaki City and around the Onagawa Community Medical Center under the guidance of Mr. Kuniharu Takahashi and Mr. Katsuhiro Sato from the Department of Medical Welfare Work & Community Service Activities, the Japanese Red Cross Ishinomaki Hospital.

2) Lecture and observation at the Japan Red Cross Ishinomaki Hospital

The participants watched videos of the hospital’s response to the disaster, “Never-ending fight /Giant tsunami/ Record of efforts by physician” and “Record of the Initial Response to the Great East Japan Earthquake”, and toured the hospital facility engaged in disaster preparedness and response. Presentations were made by Dr. Satoshi Yamauchi (Osaki Citizen Hospital) and Dr. Masakazu Kobayashi (Japanese Red Cross Ishinomaki Hospital) on their experiences in the response to disaster and the hospital’s disaster-preparedness measures.

- Dr. Satoshi Yamauchi, Director, Emergency Center, Osaki Citizen Hospital
“Survey of Preventable Disaster Death at Medical Institutions in Areas Affected by the Great East Japan Earthquake: A Retrospective Preliminary Investigation of Medical Institutions in Miyagi Prefecture”
- Dr. Masakazu Kobayashi, Medical Emergency Center, Japanese Red Cross Ishinomaki Hospital
“Characteristics of Victims Who Required Immediate Care During the Great East Japan Earthquake”

(3) 18 March

1) The Second Regional Meeting (Workshop I)

- i) Mr. Itsu Adachi (Executive Advisor to the Director General, Infrastructure and Peacebuilding Department, JICA) and Dr. Phumin Silapunt (Deputy Secretary-General, NIEM, Thailand) were appointed as co-chairs of the session. Participants introduced themselves after Mr. Adachi and Dr. Suriya Wongkongkathep (Deputy Permanent Secretary, Ministry of Health, Thailand) delivered the opening remarks.
- ii) **【Session 1: Background, objectives and way forward of the Survey】**
Ms. Akiko Sanada (Deputy Director, Infrastructure and Peacebuilding Department, JICA) provided background information on cooperation between ASEAN and Japan in the field of disaster medicine, outlined the research, and detailed JICA's proposed assistance in this field.
- iii) **【Session 2: Results of in-country survey】**
Ms. Keiko Nagai (Leader, JICA Survey Team) presented the global and regional trends of disaster medicine and the results of in-country survey. Then, Dr. Yasushi Nakajima (Member, JICA Survey Team) explained how the field of disaster medicine develops by using the case of Japan. The findings of in-country survey were explained according to 8 categories; a) Governance, b) Institutional Setting, c) Preparedness, d) Response, e) Emergency Medical Service (EMS), f) Surveillance System, g) Human Resources, and h) International Cooperation in Response.
- iv) **【Session 3: Floor Discussion】**
Ms. Nagai facilitated the floor discussion by using the participatory approach. At first, each AMS representatives listed the current situation and challenges faced in their country according to the above-mentioned 8 categories, and then shared and discussed. In the latter half of the session, the participants selected those challenges to be prioritized and discussed the recommendations for solutions. As a result, 3 areas; 1) EMS, 2) Human Resources, and 3) International Cooperation were identified as priority challenges and discussed further.
- v) **【Conclusion of the meeting】**
Mr. Adachi presented the “Summary of Meeting” as a conclusion, and asked comments on the challenges and recommendations from the participants.
- vi) In the end, Dr. Phumin Silapunt delivered the closing remarks.

7. Photos



Lecture from the Storyteller
of the Great East Japan Earthquake



Public Forum events in the 3rd UN World
Conference on Disaster Risk Reduction



Observation at the Japan Red Cross Ishinomaki
Hospital



Lecture at the Japan Red Cross Ishinomaki Hospital



Sight visit to disaster-affected areas of the Great
East Japan Earthquake



Second Regional Meeting (Workshop I)



Second Regional Meeting (Workshop I)



Second Regional Meeting (Workshop I)



Second Regional Meeting (Workshop I)



Second Regional Meeting (Workshop I)



Second Regional Meeting (Workshop I)



Second Regional Meeting (Workshop I)

- ANNEX (2)-I Program of Activities of the Second Regional Meeting
- ANNEX (2)-II List of Attendees of the Second Regional Meeting
- ANNEX (2)-III Minutes of the Second Regional Meeting
- ANNEX (2)-IV Summary of the Second Regional Meeting

ANNEX (2)-I Program of Activities of the Second Regional Meeting

Programme of Activities
Second Regional Meeting on the Survey on the Current Situation of
Disaster/Emergency Medicine System in the ASEAN Region

Wednesday, 18 March 2015
Hotel Sunroute Plaza Shinjuku, Tokyo

Chair: JICA & ASEAN

Time	Agenda	Presenter
09:00-09:30	Registration	
09:30-09:50	Welcome and opening remarks Brief introduction by participants Nominate a chair from AMS	JICA & ASEAN Participants
09:50-10:10	<u>Session 1: Background, objectives and way forward of the Survey</u>	JICA
10:10-10:20	Coffee break	
10:20-11:30	<u>Session 2 : Results of in-country survey</u> (1) Results of in-country survey (50 min) (2) Q&A (20 min)	JICA survey team
11:30-12:30	Lunch	
12:30-14:30	<u>Session 3 : Floor Discussion (including 15 min coffee/ tea break)</u> (1) Share the current situation and challenges of each country (2) Identify priority areas to develop capacity of disaster medicine in the region (3) Discuss on the recommendation	Facilitator: JICA Survey Team
14:30-15:00	Summary of Meeting (10 min) Closing Remarks (5 min) Group Photo	Chair JICA & ASEAN Participants

ANNEX (2)-II List of Attendees of the Second Regional Meeting

	Country		Name		Organization	Department	Title
			Given Name	Surname			
1	ASEC	Mr.	Larry	Maramis	ASEAN Secretariat	Corss Sectoral Cooperation	Director
2	ASEC	Dr.	Ferdinal M.	Fernando	ASEAN Secretariat	Head of Health and Communicable Diseases Division	Assistant Director
3	ASEC	Mr.	Michael	Glen	ASEAN Secretariat	Health and Communicable Diseases Division	Technical Officer
4	AHA Center	Mr.	Arnel Capule	Capili	AHA Center		Head of Operations
5	AHA Center	Ms.	Agustina	Tnunay	AHA Center	Preparedness and Response	Technical Officer
6	Brunei	Dr.	Norazlina	Suryani Rahman	Ministry of Health		Senior medical Officer
7	Brunei	Ms.	Nora	Yusof	Ministry of Health		Acting Nursing officer
8	Cambodia	Mr.	Sokoeu	Ean	Ministry of Health	Preventive Medicine Department	Chief of Disaster and Environmental Health Bureau
9	Cambodia	Dr.	Kompheak Jeudi	Bun	Ministry of Health	Department International Cooperation	ASEAN Bureau Officer
10	Indonesia	Dr.	Ari	Prasetyadjadi	1. Saiful Anwar General Hospital Malang, East Java, Indonesia. 2. Medical Faculty of Brawijaya University Malang, Indonesia	2. Emergency Medicine Department Medical Faculty	1. Emergency Specialist 2. Head and Senior lecturer
11	Indonesia	Dr.	Indro	Murwoko	Ministry of Health	Center of Health Crisis Management	Head of Emergency Response and
12	Lao PDR	Dr.	Phisith	Phoutsavath	Ministry of Health	Health Care Department	Deputy Director General
13	Lao PDR	Dr.	Phouthone	Muongpak	Mittaphab Hospital		Director General
14	Malaysia	Dr.	Kasuadi	Bin Hussin	Ministry of Health Malaysia	Emergency Service Unit, Medical Development Division	Senior Principal Assistant Director
15	Malaysia	Dr.	Rosidah	Binti Ibrahim	Ministry of Health Malaysia	Emergency and Trauma Department, Hospital Serdang, Selangor	Senior Consultant and Head of Department
16	Myanmar	Dr.	Soe Lwin	Nyein	Ministry of Health	Department of Health	Deputy Director General (Disease Control)
17	Myanmar	Dr.	Win	Naing	Ministry of Health	Department of Health	Director (Epidemiology)
18	Philippines	Dr.	Myrna T.	Rivera	Tondo Medical Center		Medical Specialist IV
19	Philippines	Dr.	Joseph T.	Juico	Jose R. Reyes Memorial Medical Center		Medical Specialist III
20	Singapore	Mr.	Wong Yoong	Cheong	Ministry of Health	Emergency Preparedness & Response Division	Director
21	Thailand	Dr.	Suriya	Wongkongkathep	Ministry of Public Health		Deputy Permanent Secretary
22	Thailand	Dr.	Jirot	Sindhvananda	Ministry of Public Health	Health Technical Office / Office of Permanent Secretary	Acting Senior Advisor on Internal Medicine
23	Thailand	Dr.	Narong	Tadadej	Ministry of Public Health	Bureau of Public Health Emergency Response,	Deputy Director
24	Thailand	Dr.	Bhichit	Rattakul	Asian Disaster Preparedness Center (ADPC)		Special Advisor
25	Thailand	Dr.	Phumin	Silapunt	National Institute For Emergency Medicine		Deputy Secretary-General
26	Thailand	Dr.	Wiwat	Seetamanotch	National Institute For Emergency Medicine		Executive Advisor, Disaster and Knowledge Management Specialist
27	Thailand	Ms.	Srisaran	Dhiradhamrong	National Institute For Emergency Medicine		Senior Advisor on Disaster Management and Humanitarian Assistance
28	Thailand	Ms.	Sansana	Limpaporn	National Institute For Emergency Medicine		Secretary
29	Vietnam	Dr.	Nhu Lam	Nguyen	Ministry of Health	National Institute of Burns	Deputy Director
30	Vietnam	Ms.	Thi Thuy Hang	Nguyen	Ministry of Health	Planning and Finance Department	Officer

The Survey on the Current Situation of
Disaster/Emergency Medicine System in the ASEAN Region
Final Report

	Country		Name		Organization	Department	Title
			Given Name	Surname			
31	Japan	Dr.	Tatsuro	Kai	Advisory committee	Senri Critical Care Medical Center	Director
32	Japan	Dr.	Yuichi	Koido	Advisory committee	Institute for Clinical Research National Disaster Medical Center	Director
33	Japan	Dr.	Satoshi	Yamanouchi	Advisory committee	Emergency Center, Osaka Citizen Hospital	Director
34	Japan	Dr.	Tomoaki	Natsukawa	Advisory committee	Senri Critical Care Medical Center	Chief Physician
35	Japan	Mr.	Yosuke	Takada	Advisory committee	Disaster Reduction and Human Renovation Institution	Researcher
36	Japan	Ms.	Eiko	Yamada	Advisory committee	College of Nursing Art and Science, University of Hyogo	Doctoral Program
37	Japan	Mr.	Itsu	Adachi	JICA Headquarters	Infrastructure and Peacebuilding Department	Executive Advisor to the Director General
38	Japan	Mr.	Makoto	Yamashita	JICA Headquarter	Southeast Asia and Pacific Department	Executive Advisor to the Director General and Deputy Director General
39	Japan	Dr.	Akira	Nakamura	JICA Headquarters	Infrastructure and Peacebuilding Department	Director General
40	Japan	Mr.	Yuichi	Sugano	JICA Headquarters	Infrastructure and Peacebuilding Department	Deputy Director General
41	Japan	Mr.	Kazumasa	Sanui	JICA Headquarters	Infrastructure and Peacebuilding Department	Director
42	Japan	Ms.	Noriko	Suzuki	JICA Headquarters	Secretariat of Japan Disaster Relief Team	Director General
43	Japan	Mr.	Nobuyuki	Konishi	JICA Headquarters	Southeast Asia and Pacific Departmen	Director
44	Japan	Ms.	Akiko	Sanada	JICA Headquarters	Infrastructure and Peacebuilding Department	Deputy Director
45	Japan	Mr.	Hikomichi	Kano	JICA Headquarters	Southeast Asia and Pacific Department	Assistant Director
46	Japan	Ms.	Junko	Nakaji	JICA Headquarters	Secretariat of Japan Disaster Relief Team	Staff
47	Japan	Mr.	Masanori	Takenaka	JICA Thailand Office		Senior Program Officer
48	Japan	Ms.	Nami	Kasahara	JICA Indonesia Office	Project Formulation Advisor (ASEAN Partnership)	Project Formulation Advisor
49	Japan	Ms.	Keiko	Nagai	JICA Study Team	KRI International Corp.	Team Leader
50	Japan	Mr.	Toshiaki	Hosoda	JICA Study Team	Nippon Koei Co., Ltd.	Team Member
51	Japan	Dr.	Yasushi	Nakajima	JICA Study Team	Tokyo Medical and Dental University Hospital	Team Member
52	Japan	Ms.	Junko	Yamada	JICA Study Team	KRI International Corp.	Team Member
53	Japan	Ms.	Kumiko	Nishimura	JICA Study Team	KRI International Corp.	Team Member
54	Japan	Ms.	Shino	Nishimagi	JICA Study Team	KRI International Corp.	
55	Japan	Ms.	Mari	Kitadai	JICA Study Team	KRI International Corp.	

ANNEX (2)-III Minutes of the Second Regional Meeting

Minutes of the Second Regional Meeting (Workshop I) on the Survey on the Current Situation of Disaster/Emergency Medicine System in the ASEAN Region

**18 March 2015
Hotel Sunroute Plaza Shinjuku, Tokyo, Japan
Executive Summary**

The Survey on the Current Situation on Disaster/Emergency Medicine System in the ASEAN Region aims to review and collect data and information on the current status, potential needs and challenges of disaster/emergency medicine from the ASEAN Member States (AMS) with the intention to foster collaboration on disaster medicine in the region. As the Second Regional Meeting (Workshop I), the Japan International Cooperation Agency (JICA) in collaboration with Thailand and Viet Nam held this meeting to share the provisional results of in-country survey in each AMS and to discuss possible future operation mechanism of disaster medicine in the region. Participants to the meeting included representatives from each AMS, members of ASEAN Secretariat, AHA Center, Asian Disaster Preparedness Center (ADPC), National Institute for Emergency Medicine (NIEM) in Thailand, and JICA. The meeting is divided into three sessions: 1) background, objectives and way forward of the Survey, 2) results of in-country survey, and 3) floor discussion on the current situation and challenges of each country.

Opening Remarks

Mr. Itsu Adachi, Executive Advisor to the Director General, Infrastructure and Peacebuilding Department, JICA and Dr. Phumin Silapunt, Deputy Secretary-General, NIEM, Thailand were selected to be a co-chair of this meeting by the participants. Mr. Adachi and Dr. Suriya Wongkongkathep, Deputy Permanent Secretary, Ministry of Health, Thailand opened the meeting and welcomed the participants, followed by a brief introduction by each participant.

(1) Mr. Itsu Adachi, Executive Advisor to the Director General, Infrastructure and Peacebuilding Department, JICA

This year is a memorial one as we had the Third World Conference on Disaster Risk Reduction in Sendai, Japan, and it is the 10th year of the Japan DMAT. It is such a great pleasure to get together on this memorial occasion.

Since the First World Conference on Disaster Risk Reduction in Kobe, Japan in 2005, the ASEAN countries as well as Japan have been making tremendous efforts to enhance knowledge and skills in order to mitigate preventable loss and damages caused by disasters. At the same time, we have been facing various and serious disasters including Cyclone Nargis in Myanmar (2008), Typhoon Haiyan in the Philippines (2013), and the current Cyclone Pam in Vanuatu. It is important that we keep our sustained efforts for a progress on disaster medicine and emergency medicine in each country and we work together toward a more resilient future.

Purpose of the Workshop today is 1) to share in-country survey results, 2) to identify and prioritize issues to be tackled on disaster/emergency medicine, and 3) to exchange views for future cooperation.

(2) Dr. Suriya Wongkongkathep, Deputy Permanent Secretary, Ministry of Health, Thailand

Disaster medicine was identified as one of the new collaboration activities for 2014-2015 under the 4th ASEAN Plus Three Senior Officials' Meeting on Health Development (4th ASEAN Plus Three SOMHD) on 12 June 2014 in Chiang Rai. Then, as one of the priority areas, the post 2015 Health Development Agenda including Disaster Health Management was agreed at the PrepSOM for the 6th ASEAN Plus Three Health Ministers

Meeting (APTHMM) on 15 September 2014 in Hanoi, Vietnam.

The ASEAN countries as well as Japan are prone to disasters; therefore, it is valuable to strengthen the collaboration among the ASEAN countries and Japan, working to foster the availability and innovative use of information to improve disaster medicine. The meeting today is a significant step in strengthening preparedness, response, and risk reduction in the region. I hope for the great success of this meeting today.

Session 1: Background, objectives and way forward of the Survey

Ms. Akiko Sanada, Deputy Director, Infrastructure and Peacebuilding Department, JICA

Ms. Sanada explained 1) background of ASEAN-JICA collaboration on Disaster Medicine, 2) outline of the Survey, and 3) Future cooperation in the field.

Asia is the most disaster prone region in the world. There are various forms of disasters in the region, and different types of disaster risk exist which result in a various needs in the field. As ASEAN regional efforts in disaster management and response, there is the ASEAN Agreement on Disaster Management and Emergency Response (AADMER) (Dec 2009), and the ASEAN Declaration on Enhancing Cooperation in Disaster Management (Oct 2013).

In the context of ASEAN and Japan, the Japanese government committed further enhancement of the ASEAN-Japan Disaster Management Cooperation in the ASEAN-Japan Commemorative Summit Meeting (Dec 2013). Also, JICA provided international training courses (seminars) on emergency and disaster medicine from 1988 to 2008, and held the ASEAN Disaster Medicine workshop in Thailand, in April 2014. Furthermore, the Survey was identified as one of the new collaboration activity for 2014-2015 under ASEAN SOMHD+3.

The Survey has been implemented since last November to be completed in August 2015. The Survey has three objectives: 1) collect necessary information on disaster medicine and emergency medicine in AMS, 2) formulate a future vision of cooperation in disaster medicine in the region, and 3) propose cooperation program to support strengthening of capacity of disaster medicine. The Survey Team has just completed the in-country surveys in the ASEAN countries except Singapore and is now preparing for the report.

With regard to the future cooperation plan, the government of Japan has received a request from the government of Thailand for a technical cooperation on disaster and emergency medicine system in the ASEAN region. The detailed contents and timeframe will be further discussed and examined through the Survey results and the discussions to be made in the meeting today. Tentatively, JICA aims to start the cooperation project next year for the duration of three years until 2017. In addition, JICA recognizes that it would take more time beyond the three year cooperation to establish a rigid cooperation network in the region.

Session 2: Results of in-country survey

Ms. Keiko Nagai and Dr. Yasushi Nakajima, JICA Survey Team

Ms. Nagai presented the in-country survey results. Firstly she introduced global and regional trend on disaster medicine, secondly explained the findings on triggers for development on disaster medicine, and lastly shared the summary of in-country survey results. In connection with the second topic, Dr. Nakajima explained the history of emergency medicine and disaster medicine in Japan. Lastly, Ms. Nagai explained the schedule ahead of the rest of the Survey.

In 2005, the Hyogo Framework of Action, which led a paradigm shift from simple response to disaster risk management and health sector, has been recognized as one of the important aspects of disaster risk reduction. According to the contribution by the United Nations to the consultation leading to the Third World Conference on Disaster Risk Reduction for health and disaster risk, it is recommended that health sector should be incorporated into disaster risk reduction framework. Also, safe hospital initiative is to be established as a global priority for action to ensure continuing services under the disaster situations.

Through the survey, it was recognized that each ASEAN country has its own triggers for development or upgrade disaster medicine, which is also the same in Japan. With a rapid demographic change and various types of challenges that Japan faced in the last 100 years, Japan has developed disaster/emergency medicine on its own way, started from the in-hospital to pre-hospital and out-of-hospital services. Japan has reoriented to public health via emergency medicine, which contributes to the development of disaster medicine.

With regard to the summary of in-country survey, situation observed and the survey team's observations were presented by each sub-sector including 1) Governance, 2) Institutional Setting, 3) Preparedness, 4) Response, 5) Emergency Medical Service (EMS), 6) Surveillance System, 7) Human Resources, and 8) International Cooperation in Response.

Discussion

In response to the presentation from Ms. Nagai, below are the comments from the participants.

Malaysia: A majority of the countries does not have established disaster medicine, whereas there is emergency medicine in each country. As for Malaysia, we need to establish disaster medicine training program. We have national policies on disaster management, however, the Ministry of Health (MOH) is incorporated into the National Security Council on this regard and there is no particular role in the MOH. In order to standardize a quality of practitioners who come in/out of the country to work in the occasion of disaster, database where all the practitioners register in advance is necessary.

Myanmar: Disaster medicine has been developing in our country. We have now Emergency Operation Center in MOH as well as law on disaster medicine endorsed by the government.

ASEC: Rapid health assessment or information compiling data system needs to be a part of the survey. (Survey Team) Rapid health assessment is incorporated into a response system and we will consider how to present it in the report.

Mutual accreditation system and/or mutual recognition system of medical licenses is an important aspect which should be incorporated into capacity development.

Vietnam: Would like to know if there is any result on the information system on registration, as we do not have it in our country.

(Survey Team) In general, most of the countries do not have a specialized regulation for the situation of disaster, but some do have a temporary practice/registration permission system.

AHA Center: It would be preferable to have a standard on deployment/receipt of medical teams at regional level in the future. As for SOPs, there is a regional "Standby Arrangements and Coordination of Joint Disaster Relief and Emergency Response Operations (SASOP)" established together with ASEC. We also have a training called "ASEAN Disaster Emergency Response Simulation Exercise (ARDEX)", which is conducted every two years, and next years will be hosted by the government of Brunei.

Session 3: Floor Discussion

Facilitated by the Survey Team with participatory method, the participants 1) discussed the current situation and challenges of each country by sub-category, and 2) identified priority areas to develop capacity of disaster medicine in the region.

1) Current situation and challenges by sub category

By each sub-category below, firstly, the participants wrote "challenges" on papers themselves (one challenge per a sheet of paper), then shared and discussed in a whole group.

<Sub categories>

a) Governance, b) Institutional Setting, c) Preparedness, d) Response, e) Emergency Medicine System (EMS), f) Surveillance System, g) Human Resources, and h) International Cooperation in Response.

Challenges by sub-categories (Session 3: Floor Discussion)

Governance	Institutional Setting	Human Resources	Human Resources (Training)	EMS	Preparedness	Response	Surveillance System (in emergencies)	International Cooperation in Response	Coordination Mechanism in the Region	
No Regional policy framework	Enhance coordinating institutional setting (Coordinating capacity of Institution)	Insurance in case medical responder is injured or detain	No specific curriculum standard for disaster medicine	Standardization of Pre-hospital care (During MC1 Disaster)/ (Day to Day)	Early Alert System-to be on standby 2 weeks before annual events e.g. floods	Lack of medical equipment for disaster respond	No Surveillance System (Laos)	Regional task force for coordination of response	Information sharing and communication among emergency operation center of ASEAN +3 member states	
Strengthen disaster law	No institutional permanence responsibility (Laos)	No specific surveillance system database to compile the expert in emergency medicine HR management	Curriculum development & need to start in all medical institutions (doctor/nurse/paramedical)	No standardized EMS; different emergency numbers on different location in the country	Strengthen capacity building for earthquake management for risk countries all	Lacking of experience in disaster medical response (Brunei)	Establishment of Surveillance by IT	No system for request Support from other country in region	Lack of organized coordination for inter-operability during response	
Lack of coordination between institutions & hospitals in Emergency and Disaster Response (ICS)							No proper reporting mechanism in the region			
Alignment of MRA, AQRf with the regional operationalization of disaster medicine	Emergency Response involves multi-agencies in the government (ICS) →How to integrate the agencies to achieve a holistic response –where of government	Difficulty to recruit & retain EMS manpower (Brunei)	Disaster Medicine in pre and post graduate of health profession (doctor/nurse/paramedical)	No standardized EMS to meet the demands of pre-hospital care	Policy decision to stockpile critical equipment/hermetical product for emergency	Standardization of Disaster medical assistance team is problem (Thai) (tree other countries identified the same challenge)	Lack of integrated surveillance system between National Institution and health sector	In an international response using the unified command, what would be the role of AMS responding teams?	No standardization of qualification of FMT	
Emergency Response involves multi-agencies in the government (ICS) →How to integrate the agencies to achieve a holistic response –where of government		Brain drain of Emergency Physician from public to private sector (Thai) all?	Not independent in EMS curriculums	No standard ambulance due to financial resources to equip such ambulance	Private ambulance issues	Regular drills in mass casualty management & disaster	Emergency response to multiple public health threats including disease outbreak	Incomplete Research and Data collection system in Disaster Med (Thai)	No governing body over quality care by FMT	No minimum regional (ASEAN) standard on medical response teams
		No professional disaster medicine	Quality improvement of first responder (Thai)	Too many human resources to development program (medical professional)					No regulation or law to control the ambulance service	
			Standardization of Human Resource qualification		Do not have a strong medical team to support other countries	No specific accreditation for foreign medical team (Brunei)				
		Emergency Response involves multi-agencies in the government (ICS) →How to integrate the agencies to achieve a holistic response –where of government	Need more wide-spread training for EMS provider i.e. disaster management (Brunei)	Synchronize the Ambulance System	not establish call center	Lack of Inter-country disaster assistant teams	Lack of SOP – Duration of stay of teams in country	Standard operational procedure for International operation within ASEAN+3 member states		
Establish/strengthen disaster management training centre									There is a regional disparity in emergency medical call (Cambodia)	
Regional disaster medicine training program for all FMT			Medical Emergency System is not appropriate (Cambodia)							
International training for the emergency medicine			Overwhelming of Emergency department by unnecessary care (non Emergency)							
Development of disaster medicine training for the region			Hospitals are facing day to day heavy medical services loads - how to face up medical resources to handle emergency							
Standardize Human Resource Training for each level			There is no governing body for EMS (Brunei)							



2) Identified priority areas to develop capacity of disaster medicine

EMS, Human Resources, and International Cooperation were identified as priority areas to be focused in the region.

Regarding human resources, it was pointed that curriculum development for disaster medicine/ health management could be important for all cadres of health personnel. Also, retention and recruitment of trained personnel were raised. In this regard, the participants could mutually exchange their experiences and resources to develop human resources in the region efficiently.

As for international cooperation, it was mentioned that mutual trust through regular face-to-face communication might enable deployment or receiving of medical assistance teams from other countries in disaster/ emergencies more efficient. Also, minimum common guidelines or standard operating procedure (SOP) could be effective to deploy or receiving the medical teams from other countries. For example, through the regular joint exercises, it could be possible to have some opportunities of regular face-to-face communication and discussion on common SOP.

Regarding EMS, the definition in line with the Survey context was discussed; whether it should include day to day EMS system or focus on the one in disaster/ emergencies. It was also pointed out that EMS is an issue at country level. Then, some countries such as Brunei, Malaysia, Thailand and Singapore shared their experiences in the development of and/or current situation of EMS.

Summary of Meeting

Mr. Adachi presented the “summary of meeting” and asked the participants for further comments and recommendations.

Comments

- It is important to share this meeting discussions and lessons learnt from the Tohoku visit with other related organizations as well as with senior officials in each country.
- In order to accelerate the regional collaboration, it is necessary to have a strong focal point in each AMS as well as further cooperation with related organizations.

- It is important to involve academic field. The Japanese Association for Disaster Medicine was established about twenty years ago, and now there are ones in Myanmar, Indonesia, and some other countries, and hope to have some collaboration among these associations in the future.
- The term “disaster/emergency medicine” needs to be consistently used.
- Comprehensive operation system on disaster response needs to be considered and strengthened. Especially, as we learnt from the Tohoku visit this time, mobilization of and collaboration with local resources in view of search and rescue, food, medical equipment, public health, etc. are the curtail element in disaster operation.
- As for a future action, our discussions or any strategies on disaster medicine need to be shared and discussed among relevant ASEAN sectoral bodies at such occasions as the Joint Task Force Meeting of ASEAN Committee for Disaster Management, where sectoral bodies of Defense, Disaster Management, Foreign Affairs, Health, Social Welfare & Development and etc. would work together.

Closing Remarks

Dr. Phumin, Deputy Secretary-General, NIEM, Thailand

It is certain that the accomplishment of this meeting presents itself as a stage from the First Regional Meeting in December last year for us to move further to a concrete collaboration among the ASEAN countries and JICA. With active discussions by the meeting participants, the objective of the workshop has been accomplished and it has even gone beyond our expectation.

Hope to meet everyone again in the Third Regional Meeting in Bangkok, Thailand, which aims to discuss proposals for establishment of disaster medicine operation mechanism in order to submit the report to the next SOMHD in Viet Nam, which is under the post 2015 Disaster Health Management of the Health Development Agenda.

END

ANNEX (2)-IV Summary of the Second Regional Meeting

**The Second Regional Meeting on the Survey on the Current Situation of
Disaster/Emergency Medicine System in the ASEAN Region
on March 18, 2015, Tokyo, Japan**

1 Background

Following the First Regional Meeting held in Phuket, Thailand, in December 2014, we, representatives of the ASEAN Member States (AMS), ASEAN Secretariat, AHA Centre, ADPC and the relevant representatives/parties from Japan gathered in Tokyo in order to share the interim results of the in-country survey and to discuss common issues among AMS and in the ASEAN Region.

Prior to this Regional Meeting, through a series of sessions at Sendai in Tohoku including the visits on & information sharing with the individuals and institutions at affected areas by the Great East Japan Earthquake, we have recognized a variety of challenges on disaster medical preparedness both at National level & Regional level.

2 Conclusion

We realized the necessity of establishing the regional collaborative operational mechanism in the field as well as at the administration together with the enhancement of relevant national capacity both in the human resources as well as national systems/mechanism on Disaster Medicine, where appropriate, to mitigate preventive loss and damages as Goal 2020 (2016-2020).

In this regard, we confirmed common strategies within a 5 years' timeframe that include;

- Developing Human Resource and Operation Systems on Disaster/Emergency Medicine at National level and Disaster Medicine at Regional level
- Initiating and providing continuous support of ASEAN-Japan collaboration network on Disaster Medicine with a strong national focal point in each AMS.
- Drafting Regional SOP with related systems and forms on Disaster Medicine in the ASEAN region.

3 Way forward

(1) Actions to be taken by the Participants from AMS

We were informed that the Third Regional Meeting would be held in Bangkok tentatively in May[※] 2015 for the purpose of sharing the result of the in-county survey and discussing more details on how to realize the said common strategies. In order to make the next Meeting more productive and build general consensus among AMS, upon return to the home country, we are expected;

- To report back the results of this meeting to the organizations concerned in each country such as the focal point of the Senior Officials' Meeting on Health Development (SOMHD) and, where necessary, other ministries & organizations related with Disaster Management and compile the feedback and comments as a country, where possible.
- To make the participants for the next Meeting officially nominated by the focal points of SOMHD or other equivalent organization in each county.

※ Note: The schedule of the Third Regional Meeting was changed from May to July based on further discussions among relevant parties after the Second Regional Meeting.

(2) Further challenges

We recognized further challenges related to the enhancement of Disaster Medicine both at National level & Regional level as follows;

- Recalling the lessons learnt from the affected areas by the Great East Japan Earthquake, we found that comprehensive aspects of disaster response, such as appropriate mobilization of resource (medical staff, water and food, etc.) for shelters and coordination & communications among related stakeholders, must be well considered/organized because they are closely related to the operation of the Disaster Medicine. In the light of the above, if Disaster Medicine system is fully functional in a AMS or not, we need to deliberate how each AMS can contribute to the collaboration on Disaster Medicine considering various aspects of disaster response.
- In establishing the regional collaborative operational mechanism, the involvement of academics on Disaster Medicine is also very important & indispensable in view of developing the human resources as well as the systems/mechanism. We acknowledged participation of the National Institute for Emergency Medicine (NIEM), Thailand in the Annual Meeting of Japanese Association for Disaster Medicine held in Tokyo in February 2015. We also welcomed the positive attitude of Japanese academics that they were ready to support the AMS in this field. Therefore, enhancement of academics' collaboration in the ASEAN region as well as the one between ASEAN and Japan would be highly expected.
- Considering existing regional mechanisms of ASEAN on disaster management, when time comes, our said common strategies on Disaster Medicine would also be shared and discussed for coordination and collaboration among relevant ASEAN sectoral bodies such as the Joint Task Force Meeting to Promote Synergy with other Relevant ASEAN Bodies on Humanitarian Assistance and Disaster Relief (JTF-HADR) of ASEAN Committee for Disaster Management (ACDM), and other meetings of sectoral bodies of Defense, Disaster, Foreign Affairs, Health, and Social Welfare & Development.

END

Invitation Program (3): The Third Regional Meeting

1. Period

From 6 July (day of arrival) to 10 July 2015 (day of departure)

2. Place

Bangkok, Thailand

3. Attendees

A total of 70 representatives from 10 ASEAN Member States (AMS), ASEAN Secretariat, AHA Center, and Japan attended the Meeting (a total of 31 representatives from 10 AMS, ASEAN Secretariat, and AHA Center were invited under the invitation program of the Survey).

4. Objective

The major objective of the invitation program was to share the recommendations from the in-country survey and to have further discussion on a future vision of operation mechanism and relevant cooperation program. In addition, the program was intended to facilitate the participants' understanding on disaster medicine per se and an importance of regional collaboration through a series of activities such as a hospital visit, a session on Nepal Earthquake and a workshop on coordination of medical response teams.

5. Overview of the Program

Day	Time	Activity	Place
06 July (Monday)	-	Arrival in Bangkok, Thailand	-
07 July (Tuesday)	09:30-12:00	Introduction & Recap.: Disaster Medicine System in the ASEAN Region	Sofitel Bangkok Sukhumvit
	13:00-15:30	Site Visit at Bhumibol Adulyadej Hospital	Bhumibol Adulyadej Hospital
	19:00-	Reception Dinner hosted by NIEM	Bua River Restaurant
08 July (Wednesday)	09:00-11:15	Presentations on Nepal Earthquake	Sofitel Bangkok Sukhumvit
	11:15-14:30	Workshop	
09 July (Thursday)	09:30-15:30	The Third Regional Meeting	Sofitel Bangkok Sukhumvit
10 July (Friday)	-	Back to each country	-

6. Main Contents of the Program

(1) 07 July

1) Opening Remarks

Dr. Suriya Wongkongkathep (Deputy Permanent Secretary) delivered the opening remarks. Then, Dr. Jirotsindhvananda, Acting Senior Advisor on Internal Medicine, Office of Permanent Secretary, Ministry of Public Health, Thailand and Dr. Akira Nakamura, Director, Director General, Infrastructure and Peacebuilding Department, JICA were selected to be a co-chair of this three-day program (including the Third Regional Meeting) by ASEAN Secretariat (ASEC).

2) Introduction & Recap.: Disaster Medicine System in the ASEAN Region

As an introduction of the three-day program, Ms. Junko Nakaji (Staff, Secretariat of Japan Disaster Relief

Team, JICA) explained the background of the survey. Then, Ms. Keiko Nagai (Leader, JICA Survey Team) made a presentation on the methodology and progress of the survey. Dr. Prasit Wuthisuthimethawee from NIEM, Thailand and Dr. Nhu Lam Nguye from the National Institute of Burns, Viet Nam, who participated in the in-country survey, reported the survey results respectively.

3) *Site Visit at Bhumibol Adulyadej Hospital*

A site visit was conducted at Bhumibol Adulyadej Hospital which was affected by Bangkok Flood 2011. The hospital is a tertiary hospital under the Royal Thai Air Force. The presentations were made by hospital staff on the three topics: 1) Training of emergency physicians, nurses and emergency medical technicians, 2) Field hospital and disaster emergency response team and 3) Experience in mega flood in 2011. After the presentations, participants were divided into three groups and took a tour in the hospital. Participants visited the three sites: 1) Panel exhibition on training of emergency physicians, nurses and emergency medical technicians (including video presentation), 2) Field hospital (exhibition), and 3) the Emergency Department. After the visit, a question and answer session was held.

(2) 08 July

1) *Nepal Earthquake*

Presentations were made on experiences in the response to Nepal Earthquake in April 2015 by JICA, Indonesia, Thailand and AHA Centre. Presenters were as follows:

Secretariat of JDR Team, JICA:	Ms. Junko Nakaji Mr. Yosuke Takada (Advisory Committee Member)
Ministry of Health, Indonesia	Mr. Zulkarnain Gaffar
NIEM, Thailand	Dr. Phumin Silapunt, Dr. Salawoot Herabut
AHA Centre	Ms. Agustina Tnunay

2) *Workshop*

A workshop was conducted on the theme “Regional cooperation and coordination among medical teams in the situation of Country A” with the facilitation by Dr. Prasit Wuthisuthimethawee from NIEM, Thailand and Dr. Yasushi Nakajima from JICA survey team. The workshop was implemented based on the scenario that a magnitude-7.8 earthquake had hit Country A. The purpose of the workshop was to identify challenges/issues on regional cooperation and coordination among medical teams in the affected area.

The participating countries were divided into two groups: Group A (Sector A); Brunei, Myanmar, Thai, Philippines, Vietnam, and Group B (Sector B); Cambodia, Indonesia, Lao PDR, Malaysia, and Japan. Discussions were made on 1) capacities and resources (human resources and other resources such as medical equipment) of each country, 2) cooperation and coordination in each group, and 3) cooperation and coordination as a whole (between Group A and B).

Challenges and issues identified through the discussion were as follows:

- Command Center including information ad hoc center
- Assign commander and liaison coordinator of local government
- With adequate equipment and suitable checklists for information sharing
- Expanding capacity of teams with local volunteers
- Arrangements of transportation and logistics

(3) 09 July

1) *The Third Regional Meeting*

i) **【Session 1: Disaster Health Management in ASEAN】**

Firstly, Ms. Neni Marlina (Technical Officer, Disaster Management Department, ASEC) presented details of various components that help in functioning the ASEAN cooperation on disaster management such as the ASEAN Agreement on Disaster Management and Emergency Response (AADMER) and AHA Centre.

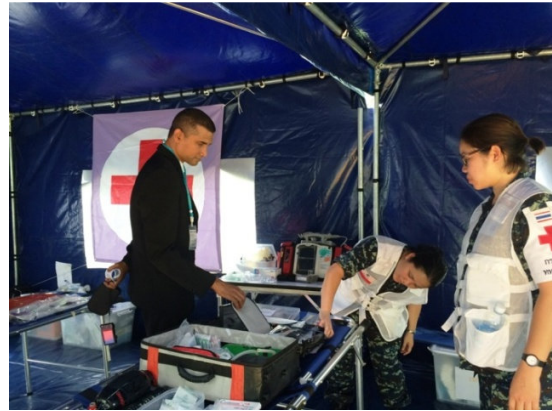
Then, Dr. Ferdinal M. Fernando (Assistant Director/Head of Health Division, ASEC) outlined the scope of disaster medicine and explained about the current understanding of Disaster Health Management.

- ii) **【Session 2: Draft Recommendations from the Survey】**
Ms. Nagai (Leader, JICA Survey Team) presented draft recommendations from the survey along with the needs and priorities, and challenges identified based on the survey findings.
- iii) **【Session 3: ASEAN-Japan Operation Mechanism on Disaster Health Management】**
Ms. Akiko Sanada (Deputy Director, Infrastructure and Peacebuilding Department, JICA) presented a draft proposal for the next steps based on results of the survey and explained the tentative plan of technical cooperation project.
- iv) **【Session 4: Discussion】**
Based on Session 1 -4, a discussion session was held. In the session, questions were raised and comments were made mainly on JICA's draft technical cooperation project.
- v) At the end of the meeting, Dr. Nakamura presented the summary of third regional meeting and delivered the closing remarks.

7. Photos



Site Visit at Bhumibol Adulyadej Hospital



Site Visit at Bhumibol Adulyadej Hospital



Workshop



Workshop



Third Regional Meeting



Third Regional Meeting

- ANNEX (3)-I Program of Activities of the Third Regional Meeting
- ANNEX (3)-II List of Attendees of the Third Regional Meeting
- ANNEX (3)-III Minutes of the Third Regional Meeting
- ANNEX (3)-IV Summary of the Third Regional Meeting

ANNEX (3)-I Program of Activities of the Third Regional Meeting

Programme of Activities
3rd Regional Meeting on the Survey on the Current Situation of
Disaster/Emergency Medicine System in the ASEAN Region

Thursday, 09 July 2015
Ballroom 2, Sofitel Bangkok Sukhumvit, Bangkok

Time	Agenda	Presenter
09:00-09:30	Registration (Foyer of Ballroom 2, 7th Floor)	
09:30-10:00 (30 min)	<u>Session 1: Disaster health management in ASEAN</u> (report of SOMHD WG etc. and discussion on terminology "Disaster Health Management")	ASEAN Secretariat
10:00-10:30 (30 min)	<u>Session 2: Draft recommendations from the Survey</u>	JICA Survey Team
10:30-10:45 (15 min)	Group Photo Break	
10:45-11:45 (60 min)	<u>Session 3: ASEAN-Japan operation mechanism on disaster health management</u> (Introduction of draft technical cooperation)	JICA
11:45-12:45	Lunch (Voilà, 2nd Floor)	
12:45-13:45 (60 min)	<u>Session 4 : Discussion</u>	JICA/Thailand
13:45-14:15 (30 min)	Break	
14:15-14:45 (30 min)	Summary of Meeting Closing Remarks	Co-Chair Mr. Nakamura, JICA

ANNEX (3)-II List of Attendees of the Third Regional Meeting

	Country	Name		Organization	Department	Title
		Given Name	Surname			
1	Brunei	Dr. Lailawati	Jumat	Ministry of Health		Director of Hospital Services
2	Brunei	Dr. Norazlina	Suryani Rahman	Ministry of Health		Senior Medical Officer
3	Brunei	Ms. Chiang	Mei Mei	Ministry of Health		Nursing Officer
4	Cambodia	Dr. Narith	Kong	Ministry of Health	Department International Cooperation	Chief of ASEAN Affairs Bureau
5	Cambodia	Dr. Sokoeu	Ean	Ministry of Health	Preventive Medicine Department	Chief of Disaster and Environmental Health Bureau
6	Cambodia	Dr. Kompheak Jeudi	Bun	Ministry of Health	Department International Cooperation	ASEAN Bureau Officer
7	Indonesia	Dr. Ari	Prasetyadjati	1. Saiful Anwar General Hospital Malang, East Java, Indonesia 2. Medical Faculty of Brawijaya University Malang, Indonesia	2. Emergency Medicine Department Medical Faculty	1. Emergency Specialist 2. Head and Senior lecturer
8	Indonesia	Mr. Zulkarnain	Gaffar	Ministry of Health	Center of Health Crisis Management	Public Health Officer
9	Indonesia	Ms. Setiorini		Ministry of Health	Center of Health Crisis Management	Public Health Officer
10	Lao PDR	Dr. Nao	Boutta	Ministry of Health		Director General of Cabinet, Vice Chair of the
11	Lao PDR	Dr. Phisith	Phoutsavath	Ministry of Health	Health Care Department	Deputy Director General
12	Lao PDR	Dr. Phouthone	Muongpak	Mittaphab Hospital		Director General
13	Malaysia	Dr. Ahamad	Bin Jusoh	Ministry of Health	Disease Control Division	Deputy Director
14	Malaysia	Dr. Rosidah	Binti Ibrahim	Ministry of Health	Emergency and Trauma Department, Hospital Serdang, Selangor	Senior Consultant and Head of Department
15	Malaysia	Dr. Kasuadi	Bin Hussin	Ministry of Health	Emergency Service Unit, Medical Development Division	Senior Principal Assistant Director
16	Myanmar	Dr. Tin	Kyaw	Mandalay General Hospital		Junior Consultant (Emergency)
17	Myanmar	Dr. Thant Lat	Aung	1000 Bedded General Hospital, Nay Pyi Taw		Junior Consultant (Emergency)
18	Myanmar	Dr. Aye Nyein Moe	Myint	Ministry of Health	International Relation Division	Assistant Director
19	Philippines	Dr. Cesar	C. Cassion	Ministry of Health	Caraga Regional Office	Director III
20	Philippines	Ms. Aida	C. Barcelona	Ministry of Health	Health Emergency Management Bureau	Engineer IV
21	Philippines	Ms. Agnes	D. Marfori	Ministry of Health	Finance Service	Supervising Administrative Officer and OIC, Budget Division
22	Singapore	Mr. Wong Yoong	Cheong	Ministry of Health	Emergency Preparedness & Response Division	Director
23	Singapore	Mr. Chua Yong	Khian	Ministry of Health	International Cooperation	Senior Manager
24	Vietnam	Dr. Nhu Lam	Nguyen	Ministry of Health	National Institute of Burns	Deputy Director
25	Vietnam	Ms. Thi Thuy Hang	Nguyen	Ministry of Health	Planning and Finance Department	Officer
26	Vietnam	Ms. Thi Minh Chau	Pham	Ministry of Health	International Cooperation Department	Officer
27	AHA Center	Ms. Agustina	Tnunay	AHA Centre	Preparedness and Response	Technical Officer
28	ASEC	Mr. Larry	Maramis	ASEAN Secretariat	Cross Sectoral Cooperation	Director
29	ASEC	Dr. Ferdinal M.	Fernando	ASEAN Secretariat	Health and Communicable Diseases Division	Assistant Director/ Head of Health Division
30	ASEC	Mr. Michael	Glen	ASEAN Secretariat	Health and Communicable Diseases Division	Technical Officer
31	ASEC	Ms. Neni	Marlina	ASEAN Secretariat	Disaster Management	Technical Officer

The Survey on the Current Situation of
Disaster/Emergency Medicine System in the ASEAN Region
Final Report

	Country	Name		Organization	Department	Title
		Given Name	Surname			
32	Thailand	Dr. Suriya	Wongkongkathep	Ministry of Public Health		Deputy Permanent Secretary
33	Thailand	Dr. Jiro	Sindhvananda	Ministry of Public Health	Office of Permanent Secretary	Acting Senior Advisor on Internal Medicine
34	Thailand	Dr. Narong	Tadadej	Ministry of Public Health	Bureau of Public Health Emergency Response,	Deputy Director
35	Thailand	Dr. Anuchar	Sethasathien	National Institute For Emergency Medicine		Secretary- General
36	Thailand	Dr. Phumin	Silapunt	National Institute For Emergency Medicine		Deputy Secretary-General
37	Thailand	Dr. Salawoot	Herabut	National Institute For Emergency Medicine		Director of Emergency Medical System
38	Thailand	Ms. Srisaran	Dhiradhamrong	National Institute For Emergency Medicine		Senior Advisor on Disaster Management and Humanitarian Assistance
39	Thailand	Dr. Prasit	Wuthisuthimethawee	Prince of Songkla University	Department of Emergency Medicine Songklanagarind Hospital, Faculty of Medicine	Chief
40	Thailand	Ms. Sansana	Limpaporn	National Institute For Emergency Medicine		
41	Thailand	Ms. Nawanan	Aintharak	National Institute For Emergency Medicine	Bureau of Emergency Medical Coordination and Alliance Relation	Manager
42	Thailand	Ms. Kittima	Yuddhasaraprasiddhi	National Institute For Emergency Medicine	Bureau of Emergency Medical Coordination and Alliance Relation	Section Chief
43	Thailand	Ms. Pornthida	Yampayonta	National Institute For Emergency Medicine	Bureau of Academic Affairs and Quality Management	Section Chief
44	Thailand	Dr. Bhichit	Rattakul	Asian Disaster Preparedness Center (ADPC)		Special Advisor
45	Thailand	Dr. Siriwan	Tangitgamo	Vajira Hospital		Deputy Dean of the Faculty of Medicine
46	Thailand	Ms. Leila	Puutto	ADPC	ITCD	Manager
47	Thailand	Ms. Saman	Sardar	ADPC	ITCD	Intern
48	Thailand	Ms. Uraabdee S.		Ministry of Foreign Affairs		Director
49	Thailand	Mr. Manakorn	Mbkprayoonthmg	Ministry of Foreign Affairs		
50	Thailand	Ms. Cuanpom	Loychwsale	Ministry of Foreign Affairs		Intern
51	Japan	Dr. Tatsuro	Kai	Advisory committee	Senri Critical Care Medical Center	Director
52	Japan	Dr. Yuichi	Koido	Advisory committee	Institute for Clinical Research National Disaster Medical Center	Director
53	Japan	Dr. Satoshi	Yamanouchi	Advisory committee	Emergency Center, Osaki Citizen Hospital	Director
54	Japan	Dr. Tomoaki	Natsukawa	Advisory committee	Senri Critical Care Medical Center	Chief Physician
55	Japan	Mr. Yosuke	Takada	Advisory committee	Disaster Reduction and Human Renovation Institution	Researcher
56	Japan	Ms. Eiko	Yamada	Advisory committee	Tokyo Healthcare University	Lecturer
57	Japan	Dr. Akira	Nakamura	JICA Headquarters	Infrastructure and Peacebuilding Department	Director General
58	Japan	Ms. Akiko	Sanada	JICA Headquarters	Infrastructure and Peacebuilding Department	Deputy Director
59	Japan	Mr. Hiromichi	Kano	JICA Headquarters	Southeast Asia and Pacific Department	Deputy Director
60	Japan	Ms. Junko	Nakaji	JICA Headquarters	Secretariat of Japan Disaster Relief Team	Staff
61	Japan	Ms. Nami	Kasahara	JICA Indonesia Office	Project Formulation Advisor (ASEAN Partnership)	Project Formulation Advisor
62	Japan	Mr. Shuichi	Ikeda	JICA Thailand		Chief Representative
63	Japan	Mr. Masanari	Yanagiuchi	JICA Thailand		Senior Representative
64	Japan	Mr. Masanori	Takenaka	JICA Thailand		Senior Program Officer
65	Japan	Ms. Suwanna	Navacharoen	JICA Thailand		Program Officer
66	Japan	Ms. Keiko	Nagai	JICA Study Team	KRI International Corp.	Team Leader
67	Japan	Dr. Yasushi	Nakajima	JICA Study Team	Tokyo Medical and Dental University Hospital/ System Science Consultants Inc.	Team Member
68	Japan	Ms. Junko	Yamada	JICA Study Team	KRI International Corp.	Team Member
69	Japan	Ms. Kumiko	Nishimura	JICA Study Team	KRI International Corp.	Team Member
70	Japan	Ms. Vassana	Sangsiri	JICA Study Team	NK Bangkok	Secretary

ANNEX (3)-III Minutes of the Third Regional Meeting

**Minutes of the Third Regional Meeting on the Survey on the Current Situation of
Disaster/Emergency Medicine System in the ASEAN Region**

**9 July, 2015
Sofitel Bangkok Sukhumvit, Bangkok, Thailand**

The Survey on the Current Situation on Disaster/Emergency Medicine System in the ASEAN Region aims to review and collect data and information on the current status, potential needs and challenges of disaster/emergency medicine from the ASEAN Member States (AMS) with the intention to foster collaboration on disaster medicine in the region. The Japan International Cooperation Agency (JICA) in collaboration with Thailand held the Third Regional Meeting to have further discussion on future vision of operation mechanism of disaster medicine and relevant cooperation program based on the conclusions of the first and second regional meetings. Participants to the meeting included representatives from each AMS, members of ASEAN Secretariat (ASEC), AHA Centre, the National Institute for Emergency Medicine (NIEM) in Thailand, and JICA and observers from the Asian Disaster Preparedness Center (ADPC). The meeting consisted of five parts: 1) Disaster Health Management in ASEAN, 2) Draft Recommendations from the Survey, 3) ASEAN-Japan Operation Mechanism on Disaster Health Management, 4) Discussion, and 5) Summary of Meeting.

Dr. Jirot Sindhvananda, Acting Senior Advisor on Internal Medicine, Office of Permanent Secretary, Ministry of Public Health, Thailand and Dr. Akira Nakamura, Director, Director General, Infrastructure and Peacebuilding Department, JICA were selected to be a co-chair of this meeting by ASEC.

Session 1: Disaster Health Management in ASEAN

- (1) Ms. Neni Marlina, Technical Officer, Disaster Management Department, ASEAN Secretariat
- (2) Dr. Ferdinal M. Fernando, Assistant Director/ Head of Health Division, Health and Communicable Diseases Division, ASEAN Secretariat

(1) Ms. Neni Marlina, Technical Officer, Disaster Management Department, ASEAN Secretariat

Ms. Marlina presented details of various components that help in the functioning of the ASEAN Cooperation on Disaster Management. These included:

1. ASEAN Agreement on Disaster Management and Emergency Response (AADMER), which aims for a more united and coordinated response towards disasters within the region.
2. AHA Centre as the working center for AADMER, which has taken AADMER's policies to actions on the ground.
3. Recent developments in ASEAN focused on improving multi-sectoral coordination in large-scale disasters also have had a significant impact on establishing ASEAN's centrality on humanitarian assistance and disaster relief (HADR).

ASEAN Committee on Disaster Management (ACDM) is the main secretarial body on AADMER. ACDM focal points are AADMER's national focal points, mainly from National Disaster Management organizations of participating countries. The 19th, 21st, and 22nd ASEAN summits reiterated AADMER's importance as a common platform for disaster management in ASEAN.

Initiated by ACDM, AADMER also serves as a legal framework for all AMS. It is a comprehensive body that covers the whole spectrum of disaster management under ACDM. AADMER Work Programme (2010 - 2015)

translates legal framework into action for ACDM while acting as the regional policy backbone for the cooperation.

ACDM is the founding father of AHA Centre. AHA Centre facilitates cooperation and co-ordination among parties, and with relevant United Nations and international organizations, in promoting regional collaboration. The centre is required to perform most of its tasks under the Standard Operating Procedure for Regional Standby Arrangements and coordination of joint disaster relief and emergency response operation (SASOP).

Ms. Marlina stressed the importance of lessons learnt through major disasters, such as the Indian Ocean Tsunami 2004, Cyclone Nargis 2008, and Typhoon Haiyan 2013 for informing and improving policy decisions on disaster management in ASEAN's policy framework, while also providing an initiative for a coordinated response under 'One ASEAN, One Response'.

(2) Dr. Ferdinal M. Fernando, Assistant Director/Head of Health Division, Health and Communicable Diseases Division, ASEAN Secretariat

Dr. Fernando outlined the scope of Disaster Medicine in the current ASEAN health cooperation. He mentioned that Disaster Medicine is not clearly defined in the current health frameworks of ASEAN, there is one Action line under the Health Sector, however, it refers mainly to pandemics, or disasters that occur as a result of pandemics. ASEAN Strategic Framework on Health Development is currently under implementation and monitoring. Under the chairmanship of Malaysia this year, we should be developing a new framework for Health Development for post-2015. Dr. Fernando mentioned the great progress that we have seen in the last one year towards incorporating 'Disaster Medicine' in the ASEAN Post-2015 Health Development Agenda. In September 2014, the ASEAN Post-2015 Health Development Agenda was endorsed by the 12th ASEAN Health Ministers Meeting (AHMM) – Disaster Medicine was included in the agenda but was re-classified under Disaster Health Management. The participants of the regional meeting agreed that there is a need to clarify the difference between Disaster Health Management and Disaster Medicine.

Dr. Fernando also emphasized that the ASEAN Post-2015 Health Development Agenda depends on various strategies that will ensure ASEAN's collaboration among its networks on Disaster Health Management. These strategies will also confirm that regional standards and operation procedures, including human resource and operation systems are developed among related disaster health management systems. Strengthening regional response through capacity building as well as enhancing operation systems on disaster also formed a part of the proposed regional strategies that were presented at the 3rd Senior Officials Meeting on Health Development (SOMHD) in April 2015.

Action plan for Post-2015 Health Development Agenda provides strategies for implementation during 2016-2020 with the help of JICA, leading countries from AMS, and through linkage with other non-health sectors, stakeholders, and an overall revamped mandate on Disaster Management and Humanitarian Assistance (DMHA).

Internal linkages on Disaster Health Management, creating a link between disaster medicine, public health interventions, and psycho-social interventions will be critical to managing the acute stage of disaster. 'One ASEAN, One Response' is the bigger family for Disaster Health Management. ASEAN Health Framework 2016 - 2020 is going to be included in creating internal linkages with role, responsibility, and mechanism of engagement towards One ASEAN, One Response.

Session 2: Draft Recommendations from the Survey

Ms. Keiko Nagai, JICA Survey Team

A survey was conducted by a consultant survey team at JICA to assess the current situation of disaster and emergency medicine system in the ASEAN region. The conclusion of the survey was presented by identifying the needs and priorities, and challenges that are faced by the relevant institutions currently dealing with

emergency medicine system in the region. Various forms of frequently occurring disasters, such as floods, storms (except tsunami), and eruptions were encompassed in the needs and priorities that need to be addressed by respective authorities. It was emphasized in the Sendai Framework for Disaster Risk Reduction (SFDRR) that cooperation and coordination with other sectors is integral in identifying and addressing global priorities.

Coordination and collaboration with other relevant sectors on ground at the time of disaster was identified as a major challenge during the survey, both at the central and local level. The survey team also found that the capacity of local authorities was not the same as was required for implementation of disaster health management plans. The team was able to identify these gaps and challenges comprehensively for the medical teams, relevant Emergency Medical Service (EMS)'s capacity, health facilities and services, and international relations. This helped streamline issues of collaboration on the regional and national levels.

JICA's proposal for future vision of collaboration in disaster medicine in the ASEAN region suggested a roadmap strategy where the first three years will focus on strengthening regional coordination on disaster medicine in the ASEAN region. This will lead to successful development of an operative mechanism for collaboration both in, and beyond the ASEAN region. Learning from experience later on, this mechanism can then be modified and strengthened both in, and beyond the ASEAN region.

Ms. Nagai mentioned that Japan is still learning the lessons learned from experience in responding to huge disasters, which helps the survey team to identify strong capacities for various regions. Cooperation resources mean that different regions which are still strong in various capacities but not in all, should be allowed to present their strongest resource to collaborate towards building a stronger and safer region. Using these resources the survey team was able to propose suggestions for cooperation of resources for future collaboration on the national and regional levels.

Session 3: ASEAN-Japan Operation Mechanism on Disaster Health Management

Ms. Akiko Sanada, Deputy Director, Infrastructure and Peacebuilding Department, JICA

Ms. Sanada presented a draft proposal for the next steps based on results of the survey conducted by the JICA survey team. Three regional strategies had already been recommended by ASEAN SOMHD including the advocacy, development, and strengthening of response on Disaster Health Management with a strong national focal point in each AMS. JICA will take the lead by initiating a new Technical Cooperation Project (TCP) to start and achieve these recommendations.

ASEAN collaboration mechanism works as a platform in three areas; i) Mutual learning, information sharing, lesson/experiences sharing ii) Platform for trainings iii) Platform to develop and maintain regional cooperation tools. This helps rapid deployment of medical teams and ensures efficient coordination among AMS when a disaster happens in the region.

Ms. Sanada remarked that the current forms of collaboration are based on strengthening and drawing from the strong capacities of countries in their own individual capacity of strength. On a bilateral level, instant help through deployment can be helpful, Ms. Sanada explained. Steps to develop a sound mechanism for ASEAN collaboration will take around ten years, because each country has to develop its own capacity, and then we have to wait for other countries to catch up.

Tentative plan of the TCP is based on different types of disasters (sudden onset disasters, mass casualty incidents (MCI), and slow onset disasters). This project is mainly based on the response phase of disaster medicine. Preparedness is also an important step that the project will try to focus on. In the scope of response for disaster medicine, TCP will mainly cover trauma care, and partially 'public health' as well. Target is to implement disaster medicine at the acute stage of disaster. Overall goal is to be achieved within five years of project completion.

As a form of assessment, TCP's workflow will have a regional collaboration period once every year (regional drill). The lessons learned during these drills will help make the regional collaboration tools more useful. The last of these coordination meetings (three years after the start of the project) will also provide an opportunity to

disseminate the results and materials to academic societies (key professors, and key professionals). This will allow JICA to try to respond to the achieved ASEAN regional strategy on disaster health management.

Ms. Sanada expressed that JICA will like to be on the steering committee, with ASEAN, SOMHD Thailand or NIEM, and SOMHD Viet Nam as the coordinating committee. JICA will also like to establish some project working groups in which other ASEAN stakeholders will be invited. These groups will require coordination which will be handled by the stakeholders. She further elaborated that as Japan has been at the heart of disaster related experience, it is due to this familiarity that JICA will be taking the lead, but of course this will include, and require the collaboration of other relevant stakeholders from AMS.

Session 4: Discussion

The discussion was initiated by Dr. Bhichit Rattakul, Special Advisor, ADPC, sharing his remarks about the framework of the initiative. He stated that “the three steps are very well planned, and capacity should be as important as coordination in all these three steps. ASEAN did very good during the response about the deployment of rapid needs assessment.” He also mentioned that in this regard, the individual needs assessment done by each country will help a lot.

A suggestion was made by a representative from Thailand to shift the ‘dissemination to academic societies’, presented by JICA in the workflow of its Technical Cooperation Project, to areas of ‘developmental research’ as that will increase reliability of their work in the region. This was agreed with by a representative from Japan, while a representative from Brunei Darussalam responded that, “It may be a challenge in terms of coordination because the capacity of each AMS is different, so we have to think of that when we think about making dissemination.” This led to a discussion about which country can be the first to start this exercise, on which Ms. Sanada suggested for a trial period for adopting new mechanisms.

A question was also raised about the chances and approximate time frame of the results of the survey being implemented. Ms. Nagai clarified that the survey recommendation is from the survey consultant team, not from JICA, but JICA has the official authority to implement those changes as it sees fit.

The discussion then followed by each country presenting their priorities for different aspects of the program. Lao PDR, Cambodia, and Thailand suggested strengthening EMS, whereas Myanmar expressed its priority for capacity building. A representative from Malaysia stressed the importance of regional collaboration and capacity building, as that will allow ASEAN to respond together as ‘one community’.

A few questions were raised about the administrative aspects of implementing the TCP. In response, both JICA and ASEC pointed out that this is the initial stage of the project, which presents numerous restrictions. Japan International Cooperation Agency Technical Cooperation Project (JICA TCP) will take the lead for the first stage of the whole activity, whereas individual countries are welcome, and invited to take their own lead for the subsequent stages. ASEC representatives ensured that all concerns expressed by member countries will be taken into account. Dr. Fernando from ASEC also assured the participants that the concept paper will require inputs from all the participants of this meeting, as it will allow sharing of expertise, and an avenue for cooperation.

Mr. Wong Yoong Cheong, Director Emergency Preparedness and Response, Ministry of Health, Singapore expressed his hope of drawing from each country's strength. He also remarked that, “Implementation should leverage on support, as response is sometimes also given by other agencies - such as military, and response teams etc.”

Representatives from the Philippines inquired about the inclusion of ‘water sanitation and hygiene emergencies’, and ‘Chemical, Biological, Radiological and Nuclear’ (CBRN) disasters under consideration for public health while building internal linkages for ACDM. Ms. Sanada, and Dr. Fernando responded that there is a possibility of entry points for public health. Water sanitation does not appear in our initial plan, but it will need to be included at some point. Co-Chair of the meeting, Dr. Nakamura added that since we are only dealing with acute stage for the time being, and that normally requires rapid assessment. Water and sanitation may be

included in some other stage as the implementation unfolds.

Suggestions were provided by representatives from Thailand to clarify the terminology for disaster health management. They also remarked that while the inclusion of public health is clear under the scope of the project, it is unclear at this stage what exactly it will include, and the long-term inclusion and exclusion of various public health aspects depends upon JICA's consideration.

Representatives from Viet Nam stressed the importance of putting the initial focus on individual countries, before making the program an entirely regional effort. Improving individual sectors in each country will allow us to build on their strength, and this is also important because we know that each country has a different need in terms of improvements required. As a response to a question raised about the content of the trainings to be used while implementing the TCP, Ms. Sanada responded that "since Viet Nam is already a leading country, so maybe Thailand, Japan, and Viet Nam can take the lead in that regard".

The discussion ended with Viet Nam expressing concerns about the actual impact, as they pointed out that big changes are not easy to bring. Dr. Rattakul from ADPC, agreed while remarking that the "Concept paper will eventually identify the core needs of individual countries, and can provide a way forward".

Summary of Meeting and Closing Remarks

Dr. Akira Nakamura, Director General, Infrastructure and Peacebuilding Department, JICA

Dr. Nakamura started the closing session by reading the draft summary of meeting, word by word. Following changes were made to the summary draft with consensus of the meeting participants:

1. 'Relevant representatives/parties' – mainly referring to JICA and advisory groups – replaced with 'Japan International Cooperation Agency (JICA)'.
2. 'Disaster Medicine' – replaced with 'Disaster Health Management', in order to be consistent in the usage of terminology.
3. Representatives from Indonesia inquired again about the possibility of including CBRN as one of the examples of MCIs, and a discussion followed with the conclusion that nuclear emergencies are more political and outside the immediate jurisdiction of disaster health. They of course need to be addressed, but there are different mechanisms, and the focus should be on slow onset disasters for now. As a result, the issue of CBRN is to be discussed in the course of the project.

A representative from the Philippines requested that if disaster medicine is included, it should be made clear that it is only a part encompassing disaster health management – this was also noted down in the draft.

At the end of the meeting, Dr. Nakamura, co-chair, thanked all participants for their presence and active participation in making the third regional meeting successful. He stressed the importance of working together, so we can make disaster prone areas stronger and better to help our communities to 'Build back better.'

END

ANNEX (3)-IV Summary of the Third Regional Meeting

Summary of the Meeting

The Third Regional Meeting on the Survey on the Current Situation of Disaster/Emergency Medicine System in the ASEAN Region on July 9, 2015, Bangkok, Thailand

1 Background

Following the First Regional Meeting held in Phuket, Thailand, in December 2014 and the Second Regional Meeting held in Tokyo, Japan, in March 2015, the focal points/representatives of the ASEAN Member States (AMS), ASEAN Secretariat, AHA Centre, Asian Disaster Preparedness Center (ADPC) and the Japan International Cooperation Agency (JICA) gathered in Bangkok in order to discuss the final results of the “Survey on the Current Situation of Disaster/Emergency Medicine System in the ASEAN Region” (the Survey); and to discuss the relevant proposed follow-up actions in the ASEAN Region. The results of this Survey will be shared with the AMS participants in the Meeting for their inputs and/or confirmation. The proposed actions or next steps relevant to the results of the Survey will be presented to the ASEAN Senior Official Meeting on Health Development (SOMHD) for their endorsement.

2 Conclusion

The conclusions are based on the discussions and inputs of the participants to this 3rd Regional Meeting. These are listed and briefly described below:

i. Terminology

The Meeting has reached a common understanding about the terminology of “Disaster Health Management” that includes “Disaster Medicine” which has been used in the Survey.

ii. The Meeting reached a common understanding about the coordination and collaboration that will be expected at the national and regional level in ASEAN.

The Meeting has reached a common understanding about the future target of regional collaboration mechanism in disaster health management among the participants. Through the implementation of the proposed technical cooperation project on disaster health management, AMS participants shall aim, in collaboration with JICA, in contributing to the strengthening of the regional coordination for rapidly and effectively responding to disaster which occurs in the ASEAN region by utilizing the regional resources. Thus, strengthening of both the (a) regional collaboration capacity and (b) capacity of each AMS on disaster health management and emergency medical system (as the base of disaster health management) has been understood to be the objective of the technical cooperation project.

iii. The Meeting reached an agreement on the proposed framework of the technical cooperation project on disaster health management; the steps in the collaboration mechanism; and the scope of the project in the acute stage of disasters.

Based on the Summary of the 2nd Regional Meeting held in Japan in March 2015, the Meeting reaffirmed that the following three regional strategies for the “Disaster Health Management”--- which is the one of the 20 health priorities in “ASEAN Post-2015 Health Development Agenda” endorsed by the ASEAN Health Ministers Meeting (AHMM). The three (3) regional strategies resulted from the SOMHD Working Group Meeting for the ASEAN Post 2015 Health Development Agenda conducted in 7 to 8 April in Bangkok, Thailand.

- Advocate on ASEAN collaboration network on disaster health management with a strong national focal point in each AMS such as ASEAN-Japan collaboration network on disaster medicine
- Developing regional standard and operation procedure among related disaster health management system including human resource and operation system
- Strengthening regional response through capacity building as well as enhancing operation system on disaster/ health emergency medicine at national level and disaster medicine in regional level.

In order to contribute to achieve the abovementioned regional strategies, we agreed to the proposed tentative outline of the up-coming technical cooperation project as indicated below. This project will be implemented through the scheme of a Thailand-Japan technical cooperation project supported by JICA. The Meeting also agreed that AMS participants or official focal points on disaster health management shall be expected to contribute to the project implementation through various activities such as, but not limited to, being a member of the thematic project working group, or as trainees, or as resource/information providers, etc. The tentative outline of the technical cooperation project is as follows:

Project Purpose: Regional coordination on disaster health management is strengthened in ASEAN region.

Scope:

- (1) Target disasters – natural and man-made disasters
 - Sudden onset disasters (earthquake, volcanic eruption etc.)
 - Mass Causality Incidents (MCI, the issue of CBRN is to be discussed.)
 - Slow onset disasters (flood, drought etc.)
- (2) Target phases – response and preparedness
The Project mainly focuses on disaster health management which is “Response” phase of disaster management cycle. And “Preparedness for Response” is also main focus since it is indispensable factor for successful response.
- (3) Area of disaster health management – at acute stage
Target area of disaster health management differs from disasters. The Project will cover mainly the area of trauma care and partially the area of public health which is necessary to take care at the acute and early stage of disasters.

Outputs:

- (1) Coordination platform on disaster health management is set up.
- (2) Framework of regional collaboration practices is developed.
- (3) Tools for effective regional collaboration on disaster health management are developed.
- (4) Progress and outcomes of the Project are widely shared and disseminated.
- (5) Capacity on disaster health management is strengthened in each AMS

Duration: 3 years (2016-2019)

- iv. The Meeting also agreed in the proposed roadmap if activities or next steps in preparation for the presentation of the results of the Survey and the proposed technical cooperation project to the SOMHD (September,2015)
 - (1) AMS participants will validate the Report of the Survey
 - (2) Consultation process on the development of the Concept Paper for the technical cooperation project will be done
 - (3) Final report of the Survey will be shared with AMS focal points for inputs
 - (4) SOMHD endorsement will be requested through ASEAN Lead Countries at the level of SOM.
 - (5) Any required internal ASEAN processes relevant to the project will be done through ASEAN Secretariat with the cooperation of SOMHD Thailand and Viet Nam.

3 Way forward

- i. Actions to be taken by the Participants from AMS would include, but not limited, to the following;
 - (1) Provide feedback to their respective SOMHD regarding the results of this conference meeting
 - (2) Provide inputs to the results of the Survey and the survey report – if any
 - (3) Confirm with JICA and ASEAN Secretariat regarding the official focal point for disaster health management from each AMS

- ii. Schedule of the technical cooperation project and the final report of the Survey

The Meeting noted that the Final Report of the Survey will be finalized in August. The Meeting also noted that JICA would start the Project at the first/second quarter of 2016.

END